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LEADING ARTICLES

GLIMPSES OF EARLY ST. LOUIS MEDICAL HISTORY.*

CHAPTER III.

W. B. OUTTEN, M. D.

ST. LOUIS.

JOHN THOMPSON HODGEN.

John Thompson Hodgen, M. D., LL. D., was born in Hodgenville, LaRue County Ky., June 17th, 1826, and died at his home in St. Louis, April 28th, 1882, aet 56 years, 3 months and 19 days.

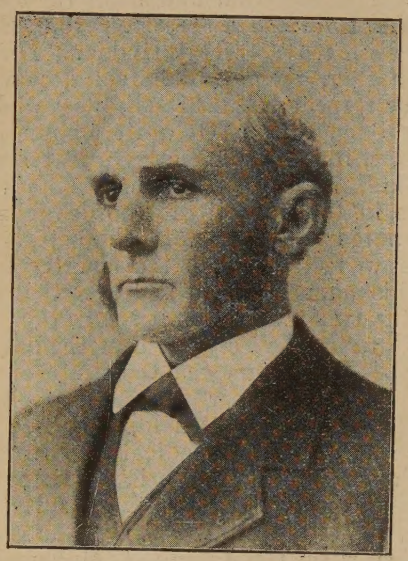
His father, Jacob Hodgen, was by occupation both farmer and merchant. His father, that is the doctor's grandfather, emigrated from Ireland to Pennsylvania, from thence to Kentucky. The father, Jacob Hodgen, left Kentucky in 1832, settled in Pittsfield, Ill., and continued his residence there till 1857, when he moved to St. Louis.

Dr. Hodgen's mother's maiden name was Frances Parke Brown. It is said of her by Dr. D. Lake, of Pittsfield, Ill., who knew her well, that she was a most wonderful woman; born in Kentucky when it was a part of the frontier, migrated to Illinois when it occupied the same position. She was educated and refined, all her tastes were of high order, full of energy and withal most quiet, unassuming, best tempered, most unselfish. Her temper was never ruffled, and she was never known to say an unkind word regarding any one, always having some excuse for all unfortunates. She had the most trusting faith in her Redeemer, and lived as truly a Christian life as I believe as was possible for mortal to do; universally loved and seemingly never had an enemy in her life. Old and young, rich and poor, the old pioneer and fashionable accession from Eastern cities all loved "old lady Hodgen. Dr. Hodgen's father, a decided character, commanding the respect of all his slightest wish was his childen's law. Of quite manner, close observer, indomitable energy, great strength of mind, ambitious and unceasing in his efforts in the pursuit of knowledge, and of undisputed integrity of character. Dr. Hogen was educated in the country schools near his home. He attended Bethany College for two years. This institution many years later conferred upon him the degree of LL. D. He commenced the study of medicine in 1845 under Drs. Campbell and Worthington, of Pittsfield, Ill. He graduated in 1848, at the medical department of the University of Missouri. Assistant physician at the St. Louis City Hospital from April, 1848 to June, 1849. He then resumed practice with Dr. Joseph N. McDowell, his former preceptor, during the cholera season of 1849 in St. Louis. He went to California in the spring of 1853; returning to St. Louis, he remained there three years, then to Pittsfield for a few months; afterwards to St. Louis, in 1854, where he remained permanently until his death.

In 1872 Dr. Hodgen was president of the St. Louis Medical society; in 1873 chairman of the Surgical Section of the American Medical Association; in 1875, president o fthe Missouri Medical Association; in 1879, president of the Medical Journal and Library Association of the Mississippi Valley; in 1881, president of the American Medical Association. At the time he was and had been for the preceding seventeen years dean of the St. Louis Medical College; for seven years he had in the same school occupied the chair of Professor of Surgical Anatomy, Special Fractures and Dislocations and Clinical Surgery. He had also held respectively the chair of Physiology during 1862 to 1868, and ana-

NOTE.—Chapter I of this series, dealing with the life of Drs. Joseph Nash McDowell and M. M. Pallen appeared in the Medical Fortnightly, March 25, 1908, Drs. Adam Hammer and M. L. Linton, April 10th.

tomy from 1868 to 1875. Previous to the late war he had been Demonstrator of Anatomy, from 1849 to 1853 in the Missouri Medical College; he was professor of Anatomy in the same college from 1854 to 1858, and Professor of Anatomy and Physiology from 1858 to 1862; during the war he occupied the rank of assistant surgeon, surgeon of Volunters and Surgeon-General of the State of Missouri; was a member of the St. Louis Board of Health 1867 to 1871; member of the International Medical Congress in 1876 and 1881, and many years surgeon to St. Luke's Hospital, and consulting surgeon, City Hospital, both of St. Louis.



DR. JOHN THOMPSON HODGEN.

Dr. Hodgen's literary work consisted largely in contributions to medical journals, in the St. Louis Courier of Medicine. He edited the departments of Injuries of the Chest and Injuries of the Abdomen in the American edition of Holmes System of Surgery. He read a paper before the International Medical Congress in Philadelphia on Antiseptic Surgery, an able and carefully prepared paper. His other papers were on the Surgery of Shock; Nerve Sections for Neuralgia; Reflex Induration of the Penis; Fractures, especially those of the Thigh; Skin Grafting. He had just before his death entered into an arrangement for the publication of a volume upon Injuries to Bones and Joints. Among the many surgical appliances devised by him are, a wire suspension spilnt, especially for fractures of the thigh, also a cradle splint, both suspended from the ceiling in such wise, as to make extension; a wire suspension splint for the arm; a snare for the removal of urethral calculi; a surgeon's reel and artery forceps; a double acting syringe and stomach pump; a simple syphon and stomach pump, a hair pin dilator for separating the lips of the wound in the operation for tracheotomy and also serving as a guide for the tracheal tube.

My earliest recollection of Dr. John T. Hodgen, was as a boy of fifteen. His clean cut features, quick, incisive way, his firm and determined looking mouth and lower jaw, with a strong, firm set nose, and his shapely forehead, made him an object of rare interest to me then, and this interest deepened into respect and regard as time came and went, and my regard was soon formed into profound admiration and respect, which persisted and increased up to the day of his death. He was quick in thought and action, pre-eminently endowed with efficient and telling initiative. His mind was intensely intellectual and analytical, his active brain seemed to be eternally alert, covering a remarkable range of all things, for it seemed to me that a breadth of view peculiar to few men was naturally his. Inherently introspective and indefatigably zealous, any object or subject brought within his mental range was handled in a masterly manner. Elective and selective as a chemist he never let theory sway his mind, but he eternally grasped for fact and truth. He was by nature a discriminating follower. a sincere and unbigoted sceptic, like Descarets, he doubted until proven. He was easily a generalizer, who probed all things down to basic principles, the superficial and empty were easily avoided, the important and necessary properly magnified and punctuated, he was ordinary and common place in nothing, everything he did was characteristic, individual, condensed and practical.

His self-reliant independence always made him appear thoroughly aggressive. His well-ordered and well-considered way of thinking made him appear as a person, not only full of power and strength, but signally endowed with ample and wonderful reserve power. Thoroughly industrious and inherently logical and analytical he illumined any subject he assayed to discuss with absolute keenness, rare breadth and discrimination.

Dr. John T. Hodgen was a natural leader of men, honest, upright and truthful, with an all pervading magnetism which made men eager and willing to trust him. His only intemperance was in the line of excessive mental endeavor; he was at no time excessively communicative. He appeared to in

tuitively know exactly how much to say and when to say it. He was a remarkable teacher, made so by nature, and possessed to a wonderful degree that power to place a subject before the student in such a manner that the student would easily grasp and retain all essental and ncessary points. He was a fine constructor of language, his rhetoric was very effective, his flowers of speech gracefully rounded and beautifully grouped; he illustrated in the most perfect manner by anecdotes and apt comparison all subjects he touched. He was incapable of ranting, and economical in words, a splendid experimenter, and was endowed with unusual mechanical ability, hence all of his experiments were shown so perfectly plain and explicit that they were not likely to be forgotten. He was deeply and thoroughly grounded in anatomy, remarkably well posted as a surgeon, and an effective and perfect experimenter in physiology, so that any lecture which he gave was not only filled with the truths of anatomy, the practical applications of surgery, and with the experimental worth of physiology and pathology. His experimental works at all times were thoroughly helpful and well embellished, his keen observation and practical application of anatomy, surgery, physiology and pathology made each lecture interesting and worthful.

His knowledge of human nature seemed to be of the intuitive sort, he quickly and readily grasped the salient characteristics of each and every student and infallibly found the most effective means of reaching the best element in each and every student's mind. No one who sat to Dr. John T. Hodgen's lectures and heard his frequent communications with his students could help pause and wonder at the brilliant way he managed all sorts and kinds of students. Always punctual, and if ever was late there was indeed true and honest excuse. No one possessed a keener sense of humor than he did, and he reveled in a well told story, but had a natural and intense dislike for the vulgar and the profane; familiarity he could not and would not tolerate, the common expressions, so frequently used by the impolite and uneducated of "Doc," he hated sincerely and deeply. I have heard him say more than once: "Sir, if you want me to answer you politely, don't call me Doc; there is no such word, call me Doctor, for that I am, but I will not answer to the call of Doc."

The influence of John T. Hodgen upon the profession around St. Louis was profound and marked. I do not hesitate to say that no one in the profession prior to and up to his time exerted the remarkable influence so impelling that doubt never came into the mind of any one consulting him. His strong and rugged convictions, his manly, resolute bearing, and an omnipresent magnetism, carried confidence and conviction. Cut out by Nature to make and engender success, there was a constant and harrassing thought with him in his endeavor to adapt himself to the broadest and best form of conscience and duty. His only discontent was because his business had become so strenuous that he could not give as broadly to the world his thoughts and opinions as he would have liked to. The most astounding part of Dr. John T. Hodgen's career to me was the deep, profound, and far-reaching effect of an assertion from him. Here some man would utter an assertion, just as well constructed and with equal truth, and attended with equal gravity, and as perfect application, it would pass by unnoticed, but let John T. Hodgen utter it and some student of his would be so profoundly impressed with it as to quote this assertion for years afterward. He could say "I don't know," in such a manner as to convey the idea that there was a profoundity of knowledge at the back of it. It was at all times satisfying. He was naturally philosophical, an in-born generalizer, a magnificent interpreter of cause and effect, endowed with such mental vision that he always saw clearly and could with ease and celerity so express himself as to create a vehicle which conveyed his ideas and thoughts in the most perfectly and easily assimulated form.

The students under John T. Hodgen filled the West, Southwest and South, besides extending as far East as Kentucky, as far North as Wisconsin, as far West as San Francisco, and I am free to confess that were you to meet a graduate of the St. Louis Medical College among the very first questions asked, "How is Dr. Hodgen?" To them he was the head and front of this institution. I have been placed in a position where I have been compelled to meet doctors in the South, Southwest and West, and wherever there was a surgeon who had graduated from the St. Louis Medical College it was almost invariably found that they were competent and equal to their position, and from every student that graduated during his time I do not think there was a single one but what would have attributed a portion of his success to the teaching of John T. Hodgen. For twenty-five years it has been my duty to mingle and be brought in contact with surgeons, and perhaps there is only a single name uttered by students which had been uttered by the same degree of reverence as Dr. John T. Hodgen, and that was Dr. Fenger, of Chicago.

Dr. John T. Hodgen, like so many men of greatness and genius, appeared to be unconscious and seemingly indifferent as to his brilliancy, he was unaffected and natural at all times, and so well did he know human nature, its weaknesses, its frailties, and its needs, that the worthy found solace in communing with him, the laggard and slothful would be aroused to honest endeavor through kindly appealing suggestion, and no harsh word assailed and pained this person at any time. The troubled wearied and worried, were cheered and refreshed, no student ever appealed to him in vain, for his disposition held within it charitable breadth and a kindly trend. This made him helpful to all. No one ever heard the doctor recount his splendid results and endeavors, but each and every student, and each and every man who knew him found that no man was freer in acknowledging his blunders, for it was his to cheer up students and fellow confreres and turn the trend of their thoughts from abasement to stirring hope. Yes, he was a great man, because he made the best use of every means placed at his command; because he used his great gifts and abilities, not for self, but for the world around. Honored and remembered by all of his students, because he honestly and studously met the highest, best and truest function of his calling. He was as frank and open as the little child. Nature endowed him with great integrity, which grew as he grew. His intense honesty made his wisdom large and commanding, his common sense remarkable, his moral worth of rare communal value, his virtues were so strong and true as to indeed make him a model citizen and an unapproachable tutor and teacher. His worth as a man has been attested by results, brilliant and effective. For the past twenty-five years and before that unknown, how much his knowledge aided and blessed suffering humanity, God alone knows, but we, his admirers, can at least approximate. We do know, that after twenty-five years, since his death, his character now bears the stamp of keen consideration, so well, that all who knew him, unconsciously and reverentially bow their heads and thank God that a Hodgen was vouchsafed to this part of our land, and that the plain story of his life could and would serve to teach all growing youth the value of sincere and undivided function, the worth of industry and honesty, truth, integrity, unselfish endeavor and blessed moral worth.

[To be continued.]

A sugar-coated compliment is often hard to swallow.

CORNEAL ULCERS.

C. P. FRANTZ, M. D.

BURLINGTON, IA.

THE cornea, as every oculist knows, is normally the transparent anterior portion of the eye-ball, practically circular in its circumference but being of a slightly shorter diameter vertically. Its curvature is sightly greater than that of the sclerotic coat which, joining the cornea at its circumference, forms the limbus. At this limbus the cornea is about one millimeter thicker than at its center and the fibers of these two structures intermingle.

There is an anterior stratified pavement epithelium consisting of several layers of cylindrical, round and flat cells lying over an elastic homogenous Bowman's membrane, which latter is in reality corneal substance.

The stroma is formed of lamellae of connective tissue crossing at right angles and held together by a cement substance. Lacunae separate these lamellae, which are filled with corneal corpuscles and with the lymph which nourishes the cornea.

Posteriorly there is Descemet's thin, firm, structureless, elastic membrane with a single thin layer of flat, heaxgonal endothelium beneath.

With this very brief description may be readily seen the manner in which infection of the corneal stroma may travel.

The ever interesting, ever varying, ever trying corneal ulcer has long been discussed and yet is ever new. Of the more serious ailments of the human eye it is one of the most numerous diseased conditions which the general practitioner accepts for treatment, and many forms of them are the most stubborn and unyielding foes for the specialist.

From the simplest, superficial form to the most virulent types of rodent or serpent ulcers there is a wide range of possibilities as regards both immediate and ultimate results and for the exercise of judicious treatment.

Every inflammation of the cornae presents an area of more or less infiltration into the parenchyma. A diminishing of vision is consequent upon this exudate when it is over the pupil and a loss of transparency results during the process wherever may be its location.

If the increased pressure due to its presence has been slight, owing to there being present only a small quantity of exudate, there will follow no breaking down of the cornael lamellae, the exudate will be absorbed and there will usually result no permanent opacity. It does not follow, however, that with complete absorption of the infiltrate there is

always a perfect clearing up of the cornea. Owing to the temporarily increased pressure the stroma may undergo changes which are permanent and opacity producing. A portion of the exudate may become organized and a lessening of the corneal transparency result.

If there is breaking down of the stroma there is an actual destruction of the cornael substance and a suppurative process—supperative keratitis—the most usual form of which is the corneael ulcer.

With the simple keratitis three is no change in the thickness or bulk of the cornea, but with the cornael ulcer there is always an actual loss of substance causing a loss of lustre, lessened transparency and a facet formation which may more or less persist. If this facet does not persist the loss of normal tissue is replaced by an opaque cicatrix of connective tissue over which the epithelium is no longer smooth, but regains its normal lustre. Always the epithelium is regenerated; Bowman's membrane, never.

In the formation of a connective tissue cicatrix blood is supplied by extension of vessels from the limbus in the form of a vascular fasciculus which gradually disappears after its work is completed.

From the foregoing it will be noted that there are three stages of suppurative or ulcerative keratitis, viz.: Infiltration, suppuration, and cicatriation or resorption.

Primarily the infiltrate is superficial in every ulcer. This is followed by a breaking down of the epithelium and the corneal tissue beneath it. The process may be confined to the original area affected, it may spread laterally or it may spread in depth until the entire cornea is involved in the one case or a perforation result in the latter; or there may be a healing of that portion of the cornea first affected simultaneous with the extension of the ulcer across the cornea.

During the regressive stage that portion of the tissue which has completely lost its vitality is lost permanently. The remainder may regenerate, retaining all or practically all is transparency. If no opacity remains there may be only a shallow facet or depression to mark the site of the diseased process. Much less frequently there may result a bulging of the cornea, but it is never left absolutely at its former level.

Ulcers may be primary or secondary keratitides. The former have for their etiology some condition of lessened vitality of the cornea while secondary ulcers have their origin in traumatism, foreign bodies, burns, caustics, entropion, trichiasis or a lesser degree of inturned cilia, trachoma, small lid tumors, glaucoma, or in recurrences. They may originate from conjunctival inflammations and especially from acute blennorrhea and diphtheria. In practically all forms we have to do with cocci or bacteria which find entrance through an abraided epithelium.

Ulcers may manifest themselves in the new born babe with catarrhal conjunctivitis as their etiological factor. Vaginal discharge with improper or careless cleansing of the infant or transference to the babe's eyes of a similar discharge from nurse or other attendant makes the condition possible. As the conjunctivitis is amenable to proper treatment no ulceration should follow. It is not to be forgotten that the more serious diseased conditions of the cornea, such as ophthalmia neonatorum, gonorrheal ophthalmia, etc., are followed by ulceration.

In early life ulcers having for their etiology conjunctivitis eczematosa are probably as frequent as ulcers from all other causes combined. In youth prominent causes are injuries, abrasions, foreign bodies, diphtheria, acute blennorrhea and trachoma. To these are added in adult and middle life, burns, caustics, entropion, etc. In old age, glaucoma, paralysis of the trigeminal nerve and faulty or impaired nutrition may be causes.

There is little doubt that many ulcers following the simpler traumatisms might be avoided if proper care be given the cleansing of the injured area and careful search made for the finest dirt and dust particles which are carried in. To this must be added the most exacting care in the sterilization of the field and instruments use for the above purposes.

We must therefore add the unclean instrument to the causes heretofore enumerated as an etiological factor as well as duty particles with their inclusive germs which may work into the wound after it has been properly cleansed and the patient dismissed.

This paper will but briefly touch the diagnosis of corneal ulcers as the condition is not easily confused with other eye diseases. The patient comes to us because of pain, photophobia, lachrymation, a blurring of the vision and possibly a blepharospasm. A gray or yellowish gray spot is found upon the cornea with a corresponding loss of corneal luster. Ciliary injection conjunctivitis, swelling of lids and conjunctiva, iritis, and increased pain on pressure may all be present as early symptoms.

1. The simple ulcer is small and remains superficial, with no tendency to spread broadly nor to perforate. It is capable of healing itself, but is aided by atropine and cleansing solutions.

2. Transparent ulcer which occurs chiefly in children is practically the same as the

simple ulcer in character and prognosis, but usually leaves a small facet in healing.

3. The deep ulcer is well described by its name and tends to perforation. Symptoms are obviously more marked than in the simple ulcer and there is usually an iritis and hypopyon accompanying. Treatment includes a pressure bandage to insure a less violent rupture should perforation ensue.

4. Herpetic ulcer follows rupture of an herpetic vesicle and never becomes deep, though it may involve an extensive area.

5. Catarrhal ulcer occurs only as a complication to catarrhal conjunctivitis, is superficial, to crescentic outline and usually marginal in position. Attention to the catarrhal condition relieves the ulceration.

6. Phlyctenular keratitis occurs in children with some general derangement and calls for cod liver oil, iron or other similar medication. For the ulcer calomel should be used early when there is much injection, changing to yellow oxide after the injection is markedly lessened. Especial care must be given hygiene and diet. Always predict a relapse in phlyctenular keratitis.

7. The so-called marginal ring ulcer is named from its course, traveling about the circumference of the cornea in a slow and usually intermittent manner. It is rare. Its course is not easily interrupted but needs dilatation of the pupil, heat, an antiseptic wash, iodoform powder, calomel or 2 per cent yellow oxide of mercury ointment.

8. Another rare type is the dendriform ulcer. Its course is always chronic, yet superficial. A fine gray line is first to appear. From this offshoots having club-shaped extremities proceed in various directions.

9. Another, fortunately rare in occurrence, is the slow rodent ulcer which involves most of the cornea, resulting in a large and marked opacity which interferes very materially with vision. Its progress is intermittent, beginning at the periphery and extending toward the center. It is always superficial. It frequently attacks both cornea simultaneously or may attack one following the other, or attack but one of them. It has never occurred excepting in elderly persons and never perforates. It is important to recognize this type and to deal with it heroically, otherwise most, if not all of the sight will be destroyed by the extensive opacity resulting. Characteristic of this ulcer is an undermined, gray, clouded margin limiting it from healthy corneal tissue. It bears no trifling; frequently under drug treatment it will seem to abate and the ulcer appear to be cleansing itself. This is always followed by relapses until the entire cornea is involved. Drugs are unavailing. Nothing but the actual cautery will conquer and stop its course. The advancing margin is thoroughly but not deeply cauterized, the ulcer being of a superficial character.

10. Marginal superficial ulcer resembles the rodent ulcer. It is seen in middle life rather than in advanced age; it is extremely superficial, it advancing edge is irregular and not undermined. The opacity during its course is very thin and never reaches the center of the cornea.

11. In ulcerosa eczematosa ulcers may be single or multiple, spreading laterally or in depth until perforation ensues. The ulcers are generally marginal and if preforation occurs there usually follows incarceration of the iris, drawing the pupil into an unsightly ragged hole.

12 and 13. With ulcerosa diphtheritica and with ulcerosa blennorrheica there is rapid spreading and the entire cornea is involved, with consequent destruction of major portion of the entire cornea, or there may follow panophthalmitis with complete destruction of the eye ball, calling for an incision into the sclera for the escapement of pus and a subsequent enucleation.

14. Ulcus serpens, a very virulent type of ulcer spreading rapidly both laterally and in depth, accompanied by edema of the lids, an intense injection, a severe iritis, cyclitis, acute pain, marked photophobia, and leading to a turbidity of the aqueous hypopyon, posterior synechiae, perforation of the cornea, incarceration of the iris, occlusio pupillae, staphyloma, panophthalmitis and phthisis bulbi has two factors in its etiology, viz., an abrasion of the cornea and the entrance of the pneumococcus.

From the foregoing symptoms and possibilities in the sequence of events where dealing with a serpent ulcer it will be seen that a grave prognosis is the safeguard of the practitioner. Likewise nearly diagnosis is paramount.

The ulcer begins as a grayish-white or yellowish disc near the center of the cornea, the opacity of which is greater at its circumference than at its center. At some portion of this circumference the gray or yellow outline is more readily discernible than throughout the remainder. A halo of a finer gray surrounds the disc and the entire cornea is devoid of lustre. The surface of the disc is dotted and soon there is a dimpling of this area. The symptoms enumerated above indicate the subsequent course of this ulcer if it remains unchecked.

Medical treatment may avail; it is the old story of atropine, scopolamine, iodoform, bandages, subconjunctival injections of sublimate, attention to associate pathological

conditions of the lachrymal duct, if present, and is applicable to recent ulcers only and in the absence of turbidity of the aqueous and hypopyon.

Antipneumococcus serum should be administered early in same dosage as for pneumonia. Operative treatment consists of cauterization and the Saemisch section. The cautery should include all of the advancing edge of the ulcer, while if the incision is made with the knife should penetrate healthy tissue about one millimeter to the outer side of the ulcer, traverse the anterior chamber and emerge one millimeter to the opposite side of the ulcer. The ulcer should then be cut through, releasing the knife. If closure results without the complete evacuation of the hypopyon operation must be repeated.

With every ulcer, whether it be the simplest or most virulent, every associated pathological condition whether it be local or constitutional must be sought out, recognized and treated. Causative conditions must be given primary attention. It would probably be safe to assert that with 50 per cent of our corneal ulcers there is constitutional or associate treatment indicated in addition to the regular local treatment necessary for the cure of the ulcer itself. In scrofulous children, in the poorly nourished, anemic, rundown, overworked or overworried, in the dyscrasias and in elderly persons whose cornea are by nature poorly nourished there is an especial indication for associate treatment, and this must never be neglected if one is to hope for results that are both speedy and permanent.

To recapitulate treatment briefly, our armamentarium should include atropine, one per cent, one drop three times a day. It diminishes iritis and improves the circulation. Counter-indictions for its use are cases in which a perforation is imminent from a peripheral ulcer and it is desired therefore to draw the iris away from the site of the impending perforation so that there may be less likelihood of prolapse of the iris. Eserin should then be substituted, one-half of one per cent thrice daily.

It is needless to recall that atropine should be prescribed very guardedly and its action scrupuously watched in patients after presbyopia has been established, and with greater precaution with each advancing year. It is by no means a difficult matter to inaugurate a glaucoma in an ageing eye.

Hot compresses used several times a day for one-half hour each time exert a beneficial action on the circulation throughout the eye, and therefore aid in healing the ulcerative process. We should remember the counter-indication in ulces serpens, as heat favors its formation and likewise aids in its destructive process.

Antiseptic solutions pro re nata: boric acid, bichoride of mercury (1-10,000), normal salt solution, 2 to 20 per cent argyrol, alphozone (1-1,000), kaimol 50 per cent, iodoform, calomel, yellow oxide of mercury 2 per cent a.m. and p.m., subconjunctival injections of corrosive sublimate (1-5,000).

Curretting floor of ulcer, followed by cauterizing with the actual cautery, galvanocautery, silver nitrate, carbolic acid 5 per cent of tincture of iodine; cauterizing margin of repeating ulcers, paracentesis of Saemisch section. The cautery wire should be used only moderately red. White heat is too severe and destroys too much tissue.

Bandage lightly when ulcer is superficial, firmly when perforation is imminent, with counter-indication when bandaging causes retention of secretions, which either by their profuseness or from their character would tend to irritate the eye and mitigate against the realization of the primary result sought.

For blepharospasm Arlt's ointment consisting of 0.5 grammes of extract of belladonna to 5 grammes of blue ointment rubbed into the temples and forehead twice or three times daily usually relieves. For the same symptom in children forcible dipping of the head into a bucket of cold water several times a day and holding it there until the child opens his eyes is very beneficial and will also aid in healing of the ulcer by reducing the pressure of the eye ball.

For removal of moist eczema about the lids 2 per cent silver nitate solution should be applied daily after removal of crustations. For coryza and eczema of the mucous membrane for the nose, white precipitate ointment should be applied.

Pilocarpin sweats and the salicylates exert a beneficial effect upon nearly every type of ulcer. General tonics should not be forgotten.

Never use copper sulphate or the removal of trachomatus granules when an ulcer is present.

Never use sugar of lead if there is a cornael abrasion with ulcer, as it deposits an insoluble salt of lead upon the cornea.

Never use tincture of iodine as a cautery when calomel is employed as a dusting powder.

By the action of the salt tears a very corrosive mercuric iodide is formed. Likewise tincture of iodine should not be administered internally, as a small portion is excreted by the lachrymal gland, sufficient to bring about the same result in presence of calomel within the conjunctival sac.

Never use the hydrochlorate of cocaine to quiet the eye for examinations, nor for the relief of blepharospasm when using strong solutions of nitrate of silver or the mitigated stick. Nitrate of cocaine should be substituted, as the ordinary hydrochlorate with the silver salt forms a chloride of silver, leaving a permanent stain upon the cornea.

For old opacities nature will do much if given ample time. There is little to be done therapeutically.

Dionin has been a disappointment to me in both recent and old opacities as I have had no such results as have been claimed in its use. It may be because of bad selection of cases. However I can recount nothing in my ulcers accomplished by it.

Some degree of success has obtained from the use of a 5 per cent solution of benzoate of lithium. It acts as a solvent for carbonate and phosphate of calcium which most opacities contain.

THE California Anti-Narcotic law goes into effect July 1, 1908, but partially prohibits the sale of narcotics without a physician's prescription and states that no poison shall be sold to any person less than eighteen years of age.

E. MORITZ, M. D., one of the leading surgeons of Russia and a writer on surgical subjects; chief of the Obuchow and later of the Alexander Hospital at St. Petersburg; founder of the St. Petersb. med. Wochschr. in 1876; died at St. Petersburg, February 1, from croupous pneumonia aged 70.

THE CHICAGO PASTEUR INSTITUTE.—From the time of the inauguration of the Chicago Pasteur institute, July, 1907, up to December 1,1907,3,130 patients received the anti-hydrophobic treatment. Of these 2,779 persons had been bitten by dogs, 102 by cats, 109 by horses, 28 by skunks, 6 by wolves, 36 by cows, 12 by calves, 2 by burros, 4 by coyotes, one by a rat, 4 by mules, 6 by pigs, 2 by sheep, and 38 were infected by hydrophobic human beings. Of the individuals treated 1,685 were persons bitten by animals ascertained to be rapid microscopic by examination of the brain or inoculation test or by the death of persons or animals bitten by the same animal; 1,109 had been bitten by animals recognized to be rabid by symptoms shown in life, and 336 had been bitten by animals strongly suspected to be rabid. Seven deaths have been reported, equivalent to a mortality of 0.22 per cent. Of the 7 individuals who abandoned the treatment, 2 were subsequently taken with hydrophobia and died.

SOME NOTES ON HEMATOLOGY FROM THE CLINIC AND LABORATORY.*

L. H. WARNER, A. M , PH. D., M. D.

BROOKLYN, N. Y.

Formerly Assistant to Prof. R. von Limbeck, Vieuna, to Prof. A. Metchnikoff, Pasteur Institute, Paris; Bacteriologist, St. Catharine's Hospital; Pathologist, Memorial Hospital, and Consulting Pathologist and Bacteriologist to the Muncie Sanitarium.

BUT a few weeks ago it was my privilege to address the members of the Kings County Medical Society on the subject selected for the present occasion. At that time I could but give a very limited plea to the profession to look deeply and studiously into the subject of blood examinations and allied investigations through laboratory help. The subject of hematology covers such an enormous field in all branches of medicine that I will endeavor to bring forth only such factors which are almost entirely new to you, or which through lack of time during your college days, were only theoretically taught and applied. I like to stand before you on this occasion as the defendant in a court of justice pleading to a jury for a fair and unbiased verdict. Should I fail in my attempt to so clearly outline to you what experimentation in the leading laboratories of two continents has taugh me to be of practical value to physician and client alike, then I ask you to be considerate in your judgment and allow that on my part sincerity and accuracy in all my work, coupled with enthusiasm aroused by seeing the theoretical and laboratory deductions being put to practical good results at the bedside of the patient be it private, clinic or hospital case, have aroused me to take the stand I have unreservedly chosen upon this occasion. For argument's sake let me admit at the outset that some one of you, may be all of you, at some time or another, or even upon each occasion, have been disappointed by receiving but meagre information when you looked for better aid by laboratory examinations.

Right here may I ask you, were the laboratory workers, whether chemists, pathologists or bacteriologists, eminently trained, fitted and qualified to undertake to represent themselves as specialists in certain fields of the department of medicine. One glance with me into the laboratories of the greater city will convince you that the workers therein are recent graduates, and, in a few instances, medical men who have devoted but a few years to the department of scientific medicine. How then can you expect expert evidence from a comparatively young aspirant

*Synopsis of lecture delivered before New York State Eclectic Medical Society, illustrated by stereopticon views and magnified micro-reproductions.

to the deservedly achieved fame held by men of history, such as Jenner, Pasteur, Koch, Wright, Neisser, and the greatest of all living savants, Metchnikoff? Would it not appear equally as nonsenical to you, were I to trust a recent graduate to assume the role of expert diagnostician or require of him to exhibit the most brilliant skill of the expert consulting surgeon? Oh how unspeakably great are the works of these masters, yet by frivolity's hands they downward are pulled. No! Doctors, the argument is no longer one-sided, but both sides must be heard, before a hasty or unwarranted opinion is rendered. I only point out to you certain paths of thought which, I trust, you will have time to consider when you have returned to your offices, studies and homes. The weighing of evidence in the seclusion of your office with literary referenda at hand, is the work and duty of the true and honest physician, it is only after careful, unbiased and fully comprehended figuring pro and con that you will be able to discern between the abyses of darkness and the pinnacle of light, thus only can you the nucleoli's mystic dance decipher aright. As you owe a duty to yourself so you owe it to your patients and all mankind. The noble profession we have chosen for our calling eminently demands that each of its members should represent in common with its learning, the two great virtues, goodness and greatness. Only two virtues exist, oh, would they were ever united, . Ever the good with the great, and the great with the good. Good from the good—to the reason this is not hard of conception.

But the genius has power good from the bad to evoke. To give a complete history of hematology would require volumes of works, for it would require a discussion of the origin and maintenance of the liquor sanguinis or plasma, a description of the formation, growth and life history of the difference corpuscular elements, etc. Information and demonstration of the latter can only be obtaind by years of labor in laboratories and clinics, for the teaching of hematology as practiced in the different medical schools only embraces a partial knowledge of the estimation of hemoglobin, red and white cells, recognition of the histological structure of the latter, recognition of malarial parasites and bacteriae. The school space of time allowed to even obtain this meagre information is insufficient to permit of accurate work, and the slighest inaccuracy in differential staining and counting results in grave errors and does in part explain why the subject of scientific blood work is not adopted by the profession on a larger scale. It is of importance that I should at this time recapitulate a few facts regarding the formation of blood corpuscles.

Life is created by the combining of two or more nuclei to form a nucleolus and physiology has taught and demonstrated that the combining of the nucleus of the spermatozoa and ovum creates new life, a new organism, and cell proliferation. The fact of this is clearly shown to you when you observe that every cell of the blood of a four-week old embryo is nucleated. The earliest red blood corpuscles arise ouside the growing embryo in portions of the mesoblastic tissue other wise known as the area vasculosa, in which certain pigmented patches appear caused by the development of hemoglobin within the cells. The latter are termed "blood islands," and in these the first blood vessels and cells originate. Later in the cycle of development outgrowths from the latter form and continue to develop the blood vessels within the embryo. As to the formation of the initial blood vessels and cells in the mesoblastic cells it is accepted that they originate from solid cords of cells, which in turn later develop to form the heart and vessels with the contained plasma and cells. These cords appear in the vascular area and form a sort of net work. The peripheral cells in the cords alter later to form the walls of the future blood vessels, while the central cells become pigmented with the hemoglobin acquire a spheroidal shape and remain adherent in tufts meanwhile a serous fluid appears between the masses of cells within a developing vessel which forms what is later known as the plasma. This latter fluid is not set in motion by the contractions of the heart which has developed in connection with the system. It detaches by degrees the adherent cells, which then circulate and form the first red corpuscles. The latter increase by indirect division of both the circulating and adherent cells. It has been observed that the circulating fluid in a four-week old embryo is colorless and consists entirely of nucleated red cells. At three months the nucleated cells represent about 25 per cent of the red cells, at five months 20 per cent, and immediately after birth no nucleated red cells are found, but in their stead we find the young lymphocytes. Reciting the aforegoing I had in view the desire to attract your attention to the importance of the nuclei in all histological structures, and those desiring further information on this point I refer to the many works of histology.

Now a word as to the manipulation of instruments required for the taking of blood.

First of all, a careful system to be employed is the greatest necessity to gain accu-

rate results. I object to the cleaning of the surface from which the blood is to be taken, by alcohol, soap or other cleansing whereby friction becomes a factor for two reasons. Friction produces local irritation and causes local centralization of leucocytes, thereby leading to abnormal leucocytic counts. Most soaps contain potash and resorption being rapid, part of the chemical constituent will enter the blood and change the histological structure. I advocate spraying the surface to be punctured with ethyl chloride. First it produces local anesthesia and anesthetics do not alter the blood; second, it cleanses away all foreign particles of fat, dirt, etc., and leaves a sterile surface. I object to the use of ordinary or surgical needles, bistoury lancets, etc., for puncturing. The sight of any instrument the patient recognizes as being used to inflict a wound to cause a flow of blood, will produce a leucocytosis due to fright or shock. A blood needle made on the line of a miniature sacrificator can easily be hidden in the operator's hand, and the blood can be obtained without the patient anticipating the intent. The manipulation and treatment of smear slides; counting of cells, and reading of hemoglobin are too well known to require recapitulation. Correctness of staining method depends upon the efficiency of operator and the solutions used. All staining solutions should be frequently renewed, and I find a great convenience and help besides an accurate standard of quality in the use of soloids (Boroughs and Welcome). One soloid dissolved in the menstruum of water or water and alcohol or alcohol, renders 15 cc. standard staining solution.

Now, as to diseases of the blood, the study of the blood of same and my method of preparing and feeding the patient in cases where continuous blood examinations are necessary. Whether you have an anemia, chlorosis, syphilis, malaria or other disease so easily recognized in the blood, you deal with a toxic substance and a solvent eliminant is called for. Therefore after the first initial blood examination I insist upon giving the patient 20 grains saliodin every four hours, for twenty-four hours. This is continued or discontinued as the case and observations warrant. For puposes of illustration I cite you two similar cases:

Case 115.—Mrs. B., housewife, complains of severe rheumatic pains, flatulency, nervousness, lack of sleep; some years ago underwent operation for curetage uteri. Blood examination reveals an anemia with ameboid crenated red cells in each field. Diagnosis. —Latent syphilitic infection. Patient is ordered 20 grains saliodin every four hours, taking eight doses in all, after which the blood examination reveals less irritated leucocytes and cessation of ameboid movement of crenated cells.

Case 2106.—Mrs. F., housewife, conditions absolutely identical with those of case 2115. In this case no saliodin is given and the irritation of leucocytes and ameboid movement of crenated cells remains until finally saliodin is used.

I cite the comparison of these cases to show you the advantage of assisting the eliminating channels by employing a therapeutic agent competent and physiologically correct in dissolving toxins and aiding their elimination. Should observations demonstrate that the hematopoietic organs are dormant I then take to iron medication and substitute the use of tea and coffee by one to two teaspoonsful doses of iron tropon in hot milk, and if the patient be troubled with constipation use warm water instead of milk. To those amongst the members who do some microscopic work, or who have access to laboratories I wish to submit the following method to test the resorption of iron and prove it not alone by the increase in hemoglobin and black discoloration of the feces, but by its appearance within the plasma and blood cell. Of all iron preparations commonly used not one gave indications of iron in the blood cell by the picric acid test, showing itself in the cells in diminutive black and dark green specks, except when and where iron tropon was used.

The history of the cases 2100 to 2172, in all 72 cases, all fed on iron tropon shows its supremacy as a blood building tissue builder. The numerical and classified count of the leucocytes is very important and of great aid in the diagnosis of disease. The powerful energy and degeneracy of the leucocytes in health and disease is just being understood by the profession, more so since the advent of the bacterial vaccines and their effect to increase the opsonins. This latter at one time a theory only, but through the combined efforts of Metchnihoff and Sir A. E. Wright brought to an exact science, has revolutionized the treatment of many medical and surgical diseases.

With a few remarks as to the working method of the opsonic index, the preparation of and different action of autogenous and stock vaccines I submit these illustrations for your inspection.

You will again observe the important role the histological structure of the nuclei plays in this the latest addition to medical therapeutics.

A few words as to the blood in infectious and malignant diseases. The microscopic study of the structure of the malarial plasmodium, the parasite and spore will enable you to definitely classify the parasite and determine the approach of a paroxysm. The appearance in the blood field of crenated ameboid red corpuscles has been studied by me in hundreds of cases of syphilis, carcinoma, and in recent cases of vaccination. I selected the cases some years ago from cases in the New York Skin and Cancer Hospital, Post-Graduate Hospital Clinic, Bellevue Outdoor Clinic, S. Catherine's and St. Peter's Hospital, Memorial Hospital and Metropolitan Hospital. I observed that though crenated red corpuscles are found in many other diseases, they never exhibited ameboid movements excepting in cases of carcinoma, syphilis and immediately after vaccination, which at that time led me to believe that in these conditions we have to do with virus as the etiological factor. Such belief I still hold to, nothing to the contrary having been proven. Post-mortem upon syphilitic bodies and bodies of persons dead from carcinoma showed no special histological lesions, excepting those already known, but examination of thousands of carcinomatous growths has proven to me the entire absence in the tissues so involved, of keratin. Recent investigations in the laboratories of Europe confirm this contention and experimentation on lines of treatment were resorted to. Although nothing definite can be said as to the probability of finding a serum or antitoxin with which to combat this disease, thus permitting the prevailing idea to gain ground, that surgical interference affords the only relief, I may mention that of many cases of carcinoma now under my observation, treatment before and after operation, of the diseased locality by the application twice daily of carcinomatol has given it thus far most surprising and satisfactory results. Carcinomatol is an organic vegetable powder to which eucalyptol has been added for its antiseptic properties. Its values as a dressing in indolent ulcers, chancres and malignant growth has been demonstrated to me in laboratory work and clinics. Those of our profession who have visited my clinics and demonstrations, and who may read this essay, will know the exact nature of the cases treated with this almost new therapeutic agent, and I believe its efficacy has induced them to use the same. Those to whom this remedy is a stranger, I invite personal correspondence. In all of these cases I also advocate the use of saliodin in 15 grain doses to aid the elimination of toxic material, and also employ iron tropon in one to two teaspoonful doses in hot milk or water, to aid in rebuilding the blood.

In conclusion, I wish to say it will give me great pleasure to let any member of the profession witness the work as outlined in this paper, either in my clinics or laboratory.

473 Franklin Ave.

THE suit brought by Professor Adamkiewicz, formerly professor at Warsaw, against the firm of E. Merck, of Darmstadt, claiming damages for non-fulfillment of contract in regard to pushing the sale of his "cancroin" for the cure of cancer, was lost, and the final court of appeals has confirmed the judgment of the lower court, based on expert testimony as to the worthlessness of the alleged remedy.

TO AMERICAN PHYSICIANS INTERESTED IN THE ALCOHOLIC PROBLEM.—During 1907 over 200 papers, lectures and pamphlets were published in Europe and America concerning alcoholism and inebriety from a purely scientific point of view. Many of the authors complain that these papers were practically lost, because they did not reach medical men interested in the subject. The Scientific Federation Bureau organized in Boston two years ago, for the purpose of collecting and disseminating the facts concerning the alcoholic problem, proposes to secure a list of medical men who are interested in the scientific study of the alcoholic problem. This list will be valuable for authors and students, who wish to address a special audience of physicians, not only to increase their interest, but to stimulate more exact studies of the subject. Such a list will enable the Bureau to extend its work of collecting papers and reprints of all that is written, and keep authors and readers familiar with what is being done. All physicians who are interested in the scientific study of the alcoholic problem and research work, and the studies of medical men at home and abroad, are urged to send their names and addresses, so as to be registered and receive copies of papers and abstracts from authors, and from others who may wish to have their papers read by interested persons. As chairman of the board of directors of the Scientific Federation Bureau, I earnestly request all physicians interested in this study to send me, not only their own names, but the names of other medical men who would care to keep in touch with the new medical literature coming from the press, and know the latest conclusions in the scientific world concerning this problem. Address, T. D. Crothers, M. D., Chairman, Hartford, Conn,.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

Osteopathy in the Treatment of Pulmonary Tuberculosis.

THE writer of this editorial has recently been stunned, dumfounded and paralyzed by the nerve, ignorance and audacity of a preacher osteopath. The stupendous ignorance he has manifested is appalling; and is excelled only by his hypocrisy. He has been known to assert positively that well advanced cases of pulmonary tuberculosis had no lung trouble at all. Reputable physicians coming in contact with such a humbug must refrain from telling the truth about the fakir, or run the risk of being accused of jealousy. And as a rule a reputable physician has no time to argue with an ignorant layman as to the relative value of his and the osteopath's way of treating a case. The writer recalls having read an article on tuberculosis from the pen of Still, the founder of osteopathy. True, the article was written some years ago, but the ignorance that it displayed was amusing, and the facts that it conveyed were scarce and misleading. To be perfectly fair, it must be said that the osteopaths do a vast amount of good, but so do all classes of fakirs. The confidence man who sells me the gold-brick, does a lot of good, as he teaches me to avoid confidence men in the future. I suspect that if the good done by Christian Science was compared with that done by osteopathy, Mary B. G. Eddy would have the scalp of Still, Still and Still (the founder and sons) still hanging at her belt. Each of these two so-called, and would be, sciences are founded on a grain of truth, and are quackeries simply because they overstep their limitations, and claim incredulous and impossible accomplishments. The grossest misapplication of osteopathy is perhaps its use in tuberculosis. The preacher osteopath, the inspiration for this article, does not have the common honesty, decency or consideration to pay any attention to the man who had charge of the case up to the time of his "butting in."

B.

A Vital Error of the Times.

DR. ANDERSON, director of the Yale Gymnasium, discusses intelligibly in the April issue of the Hygienic Gazette, the relation of a proper care of the body to success. His most significant paragraph is upon the question of "haste, speed, hurry-up, hustle." He allows us to infer that he thinks that many of us habitually rise tired and irritable, hustle through breakfast, rush to the office, glance over the paper, and hasten from one thing to another and return home late in the evening, to the disgust rather than the pleasure of the family which has to be quiet all the evening because "Father is tired out by overwork." The questions that presented themselves are, "Is it necessary that there be so much speed?" Does it profit to hustle so?" And how can one rid himself of the habit?' Every person should answer these questions himself. Before answering them he should have his attention called to the evil influences of too much "push and go." He should be told of the ill effects of bolting food, of the dire results of insufficient sleep, rest and recreation. The continuous use of mind and body keeps the blood pressure above where it should be, and the detrimental effects of this should not be ignored. Physicians can do an immense amount of good by advising many of their patients on the question of "haste, speed, hurry-up and hustle."

B.

The Suppression of Unnecessary Noise.

THE inauguration in New York recently of a movement for the suppression of unnecessary noise in streets and lots near hospitals is one which have the enthusiastic approval of every city physician who has had to combat the trying influence of city noises in treating the sick. The locating of hospitals on busy thoroughfares which are the scene of heavy wagon and street car traffic is a piece of unwisdom which is readily appreciated, but with the hospitals located unnecessary noise should be absolutely eliminated in their vicinity. In New York the movement is proving a success, the children, who contribute materially as noise makers, have been interested and are proving even

more effective in their efforts to the desired end than are the municipal officers, though the officials of the city are co-operating splendidly. Mrs. Isaac L. Rice has in a recent article (the Forum, April, 1908) given the result of an endeavor to gain the co-operation of the children. As an indication of the part children pay in this annoyance and the imperative need of their co-operation she quotes from the noise record of one of the hospitals for two and one-half hours of an afternoon last May. The record reads as follows:

3.30 p.m.—Children shouting and playing in the street directly in front of hospital, while there are almost no children farther down the block.

3.45—Ambulance returned and twenty children ran to the east gate.

3.50—Eight or ten boys hanging about the east gate calling to servants. Pretending to be injured, they walked down into the yard toward the accident entrance. Pounding on fence with baseball bats.

4.00—Boys, when driven away from gate by attendant, return.

4.10—Girls roller-skating across the street.

4.15—Boys playing ball in the yard, in danger of breaking windows. Other boys watching them, making loud comments. Boy's cart going under window with wheels squeaking; need oil. Girl skating back and forth in front of building.

4.20—A number of small children in front of hospital.

4.25—Four children gathered about a baby carriage in front and squealing.

4.30—Six children yelling directly under windows and running into yard.

4.45—Six children running around yard, with others yelling through fence at them. Attendant driving children away, and they shouting names at him.

4.50—Cart with squeaky wheels still going back and forth. Boys shouting up to people in fourth story of house across the way.

5.00—Two boys kicking cans directly in front of hospital.

5.15—Boys playing ball in street, and shouting.

5.25—Drumming on tin can near hospital. Boy rattling sticks on iron fence.

5.30—Girls screeching under windows.

5.45—Ambulance returned. Twenty children ran up to gate and into yard. When ambulance came out, children remained playing in yard.

6.00—Children playing around fence and pounding on it with clubs.

It develops that even the noisiest of children is distinctly sympathetic, and that such an one will, if enlisted in a campaign for quiet, not only control himself, but will be very energetic that others shall not make avoidable noise in the Quiet or Hospital Zone, as determined by the Board of Aldermen.

St. Louis hospitals are so located that they are less afflicted by this particular form of noise. The noise of traffic is a main consideration here. But for certain institutions the children should be interested in the maintenance of quiet and the success of the movement in New York may be taken as a definite indication of its possible effectiveness here.

The State Meeting.

ARE you making your plans to attend the meeting of the State society at Springfield, May 19 21? This meeting will be of practical service to you and will give an impetus to your year's work, which you need. Matters of personal interest to you will be discussed and decided; if you wish to participate in this discussion and decision you should be present, otherwise you will have no room for criticism of the body's action. As usual, the first day will be taken up by the sessions of the House of Delegates and Council.

The A. M. A. Meeting.

ARE you planning to attend the meeting of the American Medical Association at Chicago, June 2-5? There is no need to argue the benefit of attendance on these meetings. The one in Chicago promises to be the most interesting in the history of the Association. It is thought that the attendance will be better than double that ever before recorded. If you would rub shoulders with the men who are making the American profession what it is you should be there. Missouri should send a delegation of not less than three hundred, and better than half of these should go from St. Louis. Two trains arranged for the special convenience of the Missouri delegation will be run from St. Louis over the Illinois Central; one leaving Sunday evening and arriving in Chicago on the morning of June 1st, and making possible attendance on the many subsidiary meetings which occur on that day; the second will leave Monday evening and arrive the next morning in time for the opening session. The editor of the FORTNIGHTLY will be pleased to make reservations for any physician who wishes him to do so.

Vivisection.

THE howl about vivisection goes regretfully on. No question is so self-evident but that there are supporters for either side. Animal life is precious and should be considered in a greater or less measure as sacred. Human, life, though, should be held so far above animal life as the blue vaulted skies are above the earth. If the sacrifice of the lives of a thousand—yes, a million—dumb animals will give us the knowlege for saving some human lives, let us shed tears, not of sorrow for the animals, but of joy for the human.

B.

ST. LOUIS ITEMS.

DR. F. G. A. BARDENHEIER left recently for Europe where he will spend two years in post-graduate study.

DOCTOR'S SON MADE HEIR TO MILLIONS.—Mrs. Grace Leathe, a millionaire widow of this city, has adopted the little son of Dr. J. M. Sims, of Collinsville, Ill., making the boy one of four heirs to an estate of about four million dollars.

FIRE ESCAPES ON SCHOOLS.—The Board of Education through its building committee, is beginning the construction of fire-escapes of the inclosed-stairway pattern on forty-five three-story, non-fireproof school buildings, and a campaign of fire prevention and fire precaution is under way which makes future safety of school children practically certain in so far as this menace is concerned.

THE FITZPORTER CASE.—An indictment against Dr. J. L. Fitzporter, of this city, charging him with having sent prohibited matter through the mails, was dismissed by the United States District Court on the 8th, because the government was unable to furnish a bill of particulars ordered by the court setting forth the nature of the remedy which Fitzporter offered to furnish women on the payment of $25 in letters which he was alleged to have written.

PHYSICIAN ARRESTED ON MURDER CHARGE.—The profession and community were shocked on the 8th at the arrest of Dr. Engelbert Voerster, Jr., on the charge that he shot and killed one Reese Bell on the street on Sunday morning, April 5th. Dr. Voerster was at one time a city dispensary physician and enjoys a good reputation, both as a physician and citizen. The action of the grand jury and his defense, should an indictment be issued, will be a matter of profound interest to the profession.

EXAMINATION FOR INTERNESHIP.—The City Board of Health held its annual examination for applications for interneship in the city hospitals on Saturday, April 11th, in the hall of the House of Delegates; 121 candidates from the year's graduating classes in the various medical schools competed, the result of the examination will secure this coveted appointment for thirty-one. The large number taking the examination is a very pleasing evidence of the growing appreciation among our medical students of the great value of service in these institutions.

SOCIETY CALENDAR.—Our calendar in this issue will be found absolutely correct in every particular,—dates given in the "Medical Record" and other journals to the contrary notwithstanding.

SUITABLE PATIENTS FOR THE STATE SANATORIUM.—There has been some question, by some of the physicians of the State, as to what class of tuberculosis patients are acceptable at the Missouri State Sanatorium for Incipient Pulmonary Tuberculosis. The physician-in-chief of the sanatorium is scheduled for the presentation of a paper under the title of "Suitable Patients for the Missouri State Sanatorium," at the annual meeting of the Missouri State Medical Association at Springfield in May of this year.

MISSOURI VALLEY HEADQUARTERS AT CHICAGO.—The Victoria Hotel, Chicago, will be the headquarters for the "Missouri Valley," and a dollar dinner will be given at a date to be selected later. As there are to be no "section" headquarters this year, it will be pleasant for those from the Missouri Valley states to be quartered under one roof. One need not be a member of the Missouri Valley Society to be welcomed. Rates $1.50, up, according to room and location—European plan. Write to manager Victoria Hotel for reservations.

WOMEN PHYSICIANS IN JAPAN.—The Japanese medical law recognizes the existence of women physicians, but there is no medical school for women in Japan, and the schools which admit female students are not recognized by the medical law. The establishment of a medical technical school for women has been proposed, but the authorities are not in favor of the suggestion, and think it preferable to create departments for women in two or three of the leading medical schools. Regulations to that effect are being drawn up and will be submitted to the conference of medical technical schools.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

Animal Inoculation in the Diagnosis of Tuberculosis.—Weber (Muenchner Med. Wochenschrift, No. 7, 1908) says the objectionable feature of animal inoculation as a diagnostic means of tuberculosis, although absolutely characteristic, is the time required. Usually four to eight weeks are consumed in waiting before the animal succumbed after vaccination. The writer emphasizes that in most instances the neighboring lymph glands can be palpated as early as ten to sixteen days after the subcutaneous injection of tuberculous material and the tubercle bacillus is demonstrable in sections of the enlarged gland before caseation. Suspected tuberculous material as urine, pleural exudates, etc., or about one-half cc. of sputum are mixed with a sterile salt solution and injected by means of a sterile syringe into the abdomen of guinea pigs. There are usually no local reactive manifestations during the next eight or ten days. Sometimes however, an infiltration with abscess formation occurs at the site of the injection which, in rare instances may rupture into the peritoneum resulting in a fatal peritonitis. Should the injected material have contained tubercle bacilli the adjacent lymph glands enlarge to a palpable size in from ten to sixteen days (in rare instances a longer time is required). About the time of the glandular enlargement an infiltration sometimes forms at the point of the injection, which examined microscopically always shows tubercle bacilli. About the sixteenth day a gland, about the size of a lentil, is excised under ether narcosis (chloroform being unsuitable to guinea-pigs) hardened, imbedded in paraffin and serial sections made. The sections are fixed with glycerine-albumin and stained in the ordinary manner. Tubercle bacilli are present in large numbers. If the injected material is scarce of bacilli it may take as long as twenty days before there is a glandular swelling, although this occurred in only one instance in sixty of the author's vaccinations. It is to be remarked that the process of hardening, etc., can be readily accomplished in six hours. Animal inoculation is particularly adaptable in the diagnosis of renal tuberculosis as microscopic examination of the centrifugated sediment is of uncertain and limited value owing to the smegna bacillus possessing both color and morphological characteristics of the tubercle bacillus. Weber inoculated seven guinea pigs with the smegna bacillus with absolutely negative results.

The Conveyance of Whooping Cough.—Macewen (British Med. Jour., Jan. 18, 1908) in a very interesting paper on the subject, concludes that whooping cough is beyond doubt an infectious disease. The specific virus is contained in the sputum, or vomit material, or both. Infection may take place either during the process of swallowing or by ingestion of the infective agent. Cats are susceptible to whooping cough, and may therefore occasionally be the means of disseminating the disease.

Trichinosis of the Upper Respiratory Passages.—Mackenty (American Medicine, Feb., 1908) writes that the trichinae spiralis in its adult state may inhabit the intestines of any carnivora. It is there introduced by eating meat containing incapsulated larvae. The capsue is dissolved off by the gasric juice, and the parasite escapes into the upper intestines where it becomes adult. Here the female is impregnated, burrows into the lymph spaces of the intestinal wall, and there deposits her young to the number of about fifteen hundred. Through the blood stream the young brood is distributed to the entire body, but the conditions necessary to their development are found only in the transversely striated muscular sysem. Ten days from the time of infection, the young larva reached their destination. The trichinae are not evenly distributed, having a predilection for the muscles of respiration, due possibly to the rhythmic contraction of these muscles The encysted trichinae remain alive for many years; in the pig, eleven, and in man thirty years. Man's source of infection is raw or insufficiently cooked meat —usually pork. The ordinary culinary processes do not protect against infection from trichinae. Valin observed that a ham boiled for three hours contained live trichinae in its center. About 6 per cent of the pork used in this country is infected. Williams examined 505 human bodies for trichinae and found them present in 5.1 percent. The author details the history of four interesting cases. In each case the throat symptoms predominated. The throat and larynx did not show surface inflammation It looked more like passive edema. Redness was not a marked feature The dysphagia was not due to surface soreness, but to deep-seated muscular inflammation similar to that observed in bad cases of rheumatic pharyngitis. This dysphagia was present in three cases. Dyspnea, if present is generaly due to involvement of the respiratory muscles and not

to laryngeal stenosis. Cyanosis may be present without laryngeal obstruction. A lingual myositis was present in one case and produced thick and painful articulation. The diagnosis in sporadic cases is very difficult. It rests upon multiple myositis; facial edema (notably of the eyelids), typhoid conditions in bad cases; eosinophilia with leucocytosis and upon the determination of trichinae in the muscles. In mild cases the condition may be overlooked, unless a differential count is made. The treatment is symptomatic. The following are the author's conclusion: If trichinosis occurs in 5 per cent of man, then it must be generally overlooked, or the invasion must be too mild to attract attention, as the number of observed cases is vastly out of proportion to the post-mortem findings. Since in a moderate number of cases observed, the upper respiratory passages are involved, is it not probable that throat trichinosis is more common than we have hitherto believed, and has it not generally been mistaken by us for something else? Our ordinary culinary methods do not protect us against this infection. In doubtful or peculiar, acute or subacute inflammation the pharynx and larynx, a differential blood count should be made. The presence of eosinohilia is not an absolute proof of trichinosis, but it is the strongest evidence we have, excepting the finding of the cysts.

The Home Treatment of Pulmonary Tuberculosis.—Brown (Jour. A. M. A., March 21, 1908) says, that in the treatment of tuberculosis a proper regulation of rest and exercise is the most important point. Absolute rest must be enforced during and for some time after the existence of toxemia. The exercise must begin after nearly normal weight is gained and very gradually, so as not to produce toxemia. It is best that the exercise be begun so that there is an interval of a week or more between two exercise periods. The second important factor is good air. Fresh country air, or a climate which is not more than 1,000 to 1,500 feet is desirable. Air should be circulating through the patient's room all the time. It is of some benefit, perhaps, in some instances, for the patient to live out of doors. This is of little importance, however, when compared with the significance of the rest and exercise. The third important factor is good food. The patient should have three good meals a day and between each two meals a lunch of eggs and milk. Forced feeding is not necessary, but good feeding is essential. It should also be repeated that consumptives are curable, and that is being demonstrated every day. (The tuberculous patient must, however, be treated as though he were really sick—just as sick as if he had some acute disease, as scarlet fever, typhoid or pneumonia. In tuberculosis where there are signs of progress of the disease, it is of far more importance to keep the patient quiet than to force him to eat unusually large quantities of food, or keep him out of doors all the time, or give him large quantities of cod-liver oil, creosote or other drugs.

The Best Things in Therapeutics.—Eliot (Boston Medical and Surgical Journal, Feb., 20, 1908) regards the following drugs of the greatest value to both practitioners and patients: Mercury in syphilis; the salicylates in rheumatism; quinine in malarial affections; antitoxin serum in diphtheria; aconite in fever of acute diseases; alcohol in cardiac weakness of acute diseases; ergot in uterine and pulmonary hemorrhage; creosote in diseases of the respiratory tract; bromides in nervousness.

Sudden Death in Pneumonia.—Wooster (Med. Rec., Feb. 22, 1908) contends that patients dying in pneumonia do not die from feebleness of the heart, as many suppose. He says, enfeeblement of the heart has nothing to do with it; that is less the cause of death than another more important factor, which in such cases is at work. Collapse of the capillary blood-vessels due to a paretic condition of their walls, or a condition of stasis, in which the walls remain distended and flattened out, is the real cause of death in pneumonia. The vessels have lost their resistance and that elasticity which propels the blood through them and that loss of elasticity is the result of toxemic poisoning the nerve centers in the medulla. Those centers are paralyzed and consequently the coats of the arteries and veins are also paralyzed rendering them useless and forming a permanent obstruction to the flow of blood back to the heart. In the last stages of pneumonia, when the temperature is down, when the lungs are clogged, with hypostatic congestion, when the dyspnea is excessive, respiration shallow and frequent and the heart is laboring to compensate for the loss of elasticity in the peripheral vessels which is so essential to normal conditions, if they can be freed so as to allow the patient to breathe freely, the whole aspect of the case will change for the better and the patient will recover. Therefore the chief indication is to remove that obstruction and do it quickly, or the patient will die suddenly. For combating the collapse in these instances, the author recommends a bath of 100 deg. F. to extend just above the patient's hips and several basins of water at 60 deg. F., or lower,

as the case may indicate, are poured over the shoulders and back, the operator standing on a chair and holding the water as high as possible to get the required force. Worster warns against the fear of cold application given in this manner, as the refreshing, stimulating and life-saving effect of such will never be forgotten by any one who has once witnessed it.

The Importance of the Early Detection of Aneurism of the Aorta.—Arnold (Am. Jour. of the Med. Scs , April, 1908) summarizes the important points in connection with the physical examination as follows: Include in the routine physical examination the determination by percussion of the area of dulness of the great vessels; if one finds an abnormal area of dulness, determine carefully the conduction of the heart-sounds in this area; include in the routine physical examination, the simultaneous examination of both radial pulses; examine for a tracheal tug in any suspicious case; be especially keen for any evidence by inspection or palpation; and, above all, keep aneurism in mind and remember to examine carefully by all available methods if there is the slightest suggestion in the history or symptoms, or from any physical sign, that an aneurism may exist. Thorough familiarity with the anatomical relations of the aorta to surrounding structures is of very great value. Regarding the symptoms it may be noted that, with the exception of rare cases, in which there is trouble with swallowing, the early symptoms of aneurism, manifested by pressure, are usually either pain or disturbance with the respiratory apparatus. The latter may come either from pressure on the air passages or from pressure on the recurrent laryngeal nerve. The symptoms frequently simulate those of heart disease and their true meaning is learned partly by not finding a cardiac condition that will explain the symptoms, and partly by looking for and finding evidence of an aneurism. The picture of aortic aneurism in its earlier stages is not uniform, but varies widely with the position and size of the aneurism. There are no pathognomonic signs. The most characteristic features of one case may be entirely lacking in the next one. And yet a careful physical examination and a careful consideration of the physical signs and symptoms should enable us to detect the existence of an aneurism of the ascending or transverse arch at a very early stage. The X-ray examination is of use in the case of aneurism in these two parts of the aorta as confirmatory evidence, as giving more definite information in some respects, and sometimes (when pulsation is seen) in deciding between an aneurism and a solid tumor. The X-rays may detect aneurisms of the descending arch and the descending thoracic aorta which cannot be detected by the ordinary methods of physical examination. On the other hand, a negative report of an X-ray examination is not absolutely conclusive proof against the existence of an aneurism. The detection of an aneurism of the arch of the aorta requires no greater skill than does the recognition of incipient tuberculosis. It is, therefore, within the reach of the general practitioner, if he will give this disease equal consideration with tuberculosis. When discovered early, the treatment is not the same as in advanced stages. Moderate limitation of exertion and mental quietude are essential, but absolute rest in bed is not necessary. While the disease cannot usually be cured, we can prolong life in comfort. The vasodilators are the most useful drugs so far as medication is demanded.

THERAPEUTICS.

E. S. MCKEE, M. D.

The Dietetic Treatment of Constipation.—Ratterman (Lancet-Clinic) first defines his position regarding the form of constipation referred to. Not every condition in which constipation is but one of the associate symptoms is understood, because it of itself, that is constipation, might not be the predominant cause in inducing the patient to seek relief. The many cases of associating constipation as in heart disease, or diseases of the lungs or kidneys, or circulating poisons in the system, as lead or opium, or diseases of the brain, as meningitis, tumors or apoplectic conditions, or general psychosis, as melancholia, or diseases of the spine, as myelitis or locomotor ataxia, are not meant because the constipation in these cases is the effect, not the cause and seldom induces the patient alone to seek relief. It is those forms in which the symptom of constipation stands out predominant, or which had stood out predominantly but through either neglect of patients to watch themselves, or if they did through the deleterious effects of excess catharsis from self-imposed medication, or from the cathartics of indiscret physicians, gastric symptoms of heaviness, bloatedness, temporarily complicated and pushed in the back ground the cardinal etiological factor in the case, namely, the constipation. The writer advises immediate eradication of the associate gastric symptoms before treating the constipation and that is best done by putting aside the cathartic and treating the

stomach by lavage with from a pint to a quart of water to which either one-half teaspoonful of salt or bicarbonate of soda has been added where upon the gastric symptoms as a rule rapidly subside; and then tentatively introduce the dietetic treatment; which the physician naturally controls or modifies to suit the desires and idiosyncrasies of the patient. In the morning say 7 a.m., several glasses of either cool or warm water slowly drank to which a pinch of salt is added to each glass. Breakfast should consist of oatmeal gruel with milk and sugar, a cup of cocoa or coffee with milk sweetened with plenty of sugar, graham bread, black bread or pumpernickel, with a great deal of fresh butter or honey, jams of various kinds or New Orleans molasses. Immediately after breakfast the patient should attempt to defecate. For dinner any kind of meat except the very fatty, as pork, then salty herring or cavier, plenty of vegetables, as peas, beans, kohl rabi, lettuce, chicory, spinach, cabbage, graham or black bread or pumpernickel with a great deal of fresh butter, and as a desert fresh or cooked fruits, as apples pears, peaches, prunes, plums, figs and dates. As a diluent a glass or two of sweet wine or sweet cider is advisable, also plenty of water taken after and between, not during the meal. Buttermilk, if fresh, is strongly advisable. For supper about the same as at breakfast, except the oatmeal. Before retiring a fresh apple or orange. Cathartics might be used temporarily with benefit, but should be dropped as soon as possible. The essayist prefers the aromatic fluid extract of cascara sagrada in ten drop doses three times daily, and increased two drops each day, until the desired effect is obtained; when gradually it is decreased one drop each day till the original dose is reached when the noon, morning, and lastly, evening dose is discontinued. In case of failure with cascara, the essayist suggests a tablet composed of aloin, strychnine and belladonna. At times it becomes necessary to use a cathartic permanently, in which case it is highly advisable to experiment with the weaker catharitics, and choose that one if possible which through observation acts without increase of dose or deletrious effect upon the system. Occasionally the writer states that neither diet or cathartics act, in fact the case is aggravated by the usual means. He demonstrates this by the report of a case of spastic constipation which was aggravated by diet and cathartics, but immediately subsided when sedative treatment, as opium, belladonna and hyoscyamus was introduced.

The Physicians Drug News, of Newark, N. J., a journal of pharmacy for physicians, is published in the interests of dispensing physicians. This journal which has recently come to our table fills a field of its own. It contains each month an amount of practical and valuable information which is not easily obtained elsewhere. It keeps the doctor posted on the market and gives him a lot of practical formulas, and tells him how they can be easily prepared, and at the least possible cost. Most physicians ought to have a better knowledge of pharmacy, in order to properly prepare their prescriptions and avoid the many pitfalls which beset them. It is with pleasure therefore that we welcome this journal and select some valuable points from it for the help of our readers.

Pure glycerine is an irritant to some skins, but the most delicate skins will find it perfectly bland and indeed beneficial, according to Dr. A. P. Reed in the Physicians Drug News. Glycerine, 225 parts; powdered tragacanth, 5 parts; powdered borax, 5 parts; rose water, 25 parts. Triturate the tragacanth with 50 parts of glycerine, after which the remainder of glycerine, and apply heat to thoroughly incorporate. This mixture adheres well to the skin, withdrawing moisture slowly. It also makes a valuable pill excipient, and is useful as a menstrum for bougies. It is emolient, antiseptic, preservative and non-drying.

The Crime of Medical Dispensing.—This is the subject of a pamphlet written and distributed by Mr. G. P. Englehard, of the Western Druggist. The Physicians Drug News editorially on this article says: Physicians in every state should, of course, arouse themselves to the importance of this movement. To prevent dispensing by physicians, except in cases of emergency, would prove a hardship to the profession and the people that could hardly be tolerated. The fact that a large per cent of our population is in rural districts distant from any drug store would in itself prove a hardship to the profession and the people that could hardly be tolerated. The only argument that can be brought against physicians dispensing is their want of knowledge of pharmacy. Therefore physicians increase your knowledge of pharmacy, and so benefit yourselves as well as your patients.

Evanescent Ink.—Some doctors who have been annoyed by the frequent and unauthorized repetition of prescriptions have been inquiring for an ink which will last about as long as a bottle of medicine or a box of pills. We select the following from pharmaceutical formulas: Iodine, 0.35; potassium iodide, 0.35; mucil. acacia, 8.00; aqua ad. oz 60.00. Dissolve the potassium iodide in one drachm

of water, add the iodine, and when it is dissolved add more water and the mucilage. Use the ink on glazed paper. The writing disappears in about four days. Another method is to boil some nut galls in some nitric acid and add to the infusion gum arabic and a little sulphuric acid. However plain the writing may be at first it will entirely disappear in a few days. The latter formula is found in Practical Druggist.

Magnesium Sulphate for Endometritis.—Dr. C. J. Wallace, in the Wisconsin Medical Journal, contributes an interesting article on the treatment of endometritis with magnesium sulphate. He pours an ounce of the remedy in crystals into the vagina and confines it there till by osmosis it causes a free discharge from the pelvic tissues. This if repeated daily for one week will reduce a large spongy uterus to normal dimensions. He also treated successfully a case of epidydimitis by the application o f a cold saturated solution of the same salt.

Hydrogen Dioxide for Epistaxis.—Lemoyez, of Paris, treats this trouble with tampons saturated with hydrogen dioxide with the happiest results; benefit is generally observed in ten minutes. Nose bleed being a source of so much trouble so convenient and effective a remedy as this will be welcomed by all.

Abortion of Boils.—Pouchet, of Paris, uses the following:

℞ Acidi Salicylici..... 15.00
Emplastrii Saponis..... 15.00
Unguent Diachylon..... 30.00

This is spread on a cloth and applied over the boil, to be renewed in twelve hours, and in twenty-four hours the result should be accomplished. Favorable results are of course unlooked for if pus has formed.

GYNECOLOGY AND OBSTETRICS.

W. H. VOGT, M. D.

Fulminating Pelvic Abdominal Edema Simulating Ruptured Tubal Pregnancy.—Wallace A. Briggs, M. D. (Jour A. M. A., Feb. 15, 1908), reports two cases of fulminating abdominal edema, both of which were diagnosed as extrauterine pregnancy. In the first case the menstruation had been normal. The patient complained of malaise and pelvic pain. The uterus was normal in size, but an obscure fulness about the left adnexa was discovered. Neither the history nor the local condition suggested ectopic gestation. Two days after this examination was made the patient again presented herself. Her face was pale and anxious, pulse 20, small and weak. The pelvis was completely filled with a fluctuating mass. Notwithstanding the early history a diagnosis of ruptured tubal pregnancy was made. On opening the abdomen the pelvis was found entirely roofed over and when the agglutinated surfaces were separated serum poured out of them like sap from succulent bark. Fearing an almost certain infection of the general peritoneal cavity if the operation were continued from the above he closed the abdomen and entered the pelvic peritoneum through the posterior fornix. About a pint of serum was evacuated and drainage established. The patient recovered. The second case was that of a woman 34 years old who had had two full term pregnancies and six abortions. Her last menses appeared January 21, 1905, four days late, scanty and intermittent. On January 30th, patient had severe pelvic pain and had two fainting spells the day previous. Her pulse-rate was 90, small and compressible. Narcotics were ordered and after four hours patient was relieved, but shock was more pronounced, radial pulse imperceptible; skin and mucous membrane anemic; uterus retroflexed, fixed, sensitive and enlarged; adnexa undistinguishable. Feeling that the case was one of shock due to hemorrhage from a ruptured tubal pregnancy he advised immediate laparotomy. The preperitoneal connective tissue was found, on operation, to be filled with serum. Three pints of serum were taken from the abdominal cavity; the pelvic peritoneum pouched into the abdominal cavity from every direction. The left tube was chronically inflamed, the right tube imbedded in adhesions; the right ovary was as large as a goose egg and cystic. The abdomen was closed and the patient died a few hours later. These two cases have much in common with the two cases cited by the author, of Legueu and Jocket. Both cases simulated ruptured tubal pregnancy. Toward etiologic solution of these cases he confesses his inability to contribute anything positive. In conclusion Briggs says that: 1. Fulminating pelvic edema may very closely simulate a ruptured tubal pregnancy. 2. Absence of subjective and objective signs of pregnancy, of irregular uterine hemorrhage of decidua in the flow in cases of shock with severe pelvic pain, would suggest the possibility of fulminating pelvic edema. 3. A hemoglobin test might assist in the differential diagnosis. 4. Fulminating pelvic edema is probably angio-neurotic in origin. 5. Death (as in case 2) may result from acute pelvic abdominal edema.

Role of Gonococcus in Disease.—R. W. Taylor (Amer. Jour. Obst., Jan., 1908) sums up the activities of the gonococcus in disease as follows: It attacks the human urethra, and there gives rise to both a catarrhal and a hyperplastic inflammation from which may follow chronic urethritis and a tendency to stricture. By contiguity of tissue it invades the testes and their appendages and thus threatens sterility. Limited in its effects, as a rule, to the subepithelial connective tissue layer, it in some cases by further invasion gains a foothold in the venous and lymphatic radicles of the male and female genitalia and produces local and general disturbances. By this extension the whole organism may be more or less seriously attacked and local disorder, much suffering and disability may result. The gonococcus then becomes a true factor of septicemia and serious and even mortal illness is to be feared. Arthritis and rheumatism are the most constant concomitants of gonorrheal invasion and induce marked changes in the joints, the tendons, the bursae and the muscles. Generalized systemic infection is most commonly observed when by extension (usually from the joints) the heart in part or in whole is attacked; then severe and perhaps mortal illness may be produced. In general, the reaction is in proportion to the extent of cardiac territory attacked, and such cases may assume a malignant form. Such is the antitoxic power inherent in the blood serum that in many cases, even when vital parts are attacked, the gonococcus is destroyed. By reason of its toxins or perhaps the microbe itself, more or less structural change is produced in the cerebro-spinal system, which may be local or more or less generalized. Gonococcic invasion of the pleura is not uncommon and various forms of phlebitis may result. While it has been shown that the spleen may be attacked, there has been no evidence of liver involvement described. A large range of cutaneous and mucous membrane lesions have their origin in the gonococcus. These are ulcers, abscesses and follicular lesions, erythematous and keratosic exanthems. Bone lesions of mild and severe forms are more or less remotely dependent on the virulent potentialities of the gonococcus. The whole genito-urinary tract in the male may be involved by the gonococcus; the prostate, seminal vesicles, bladder, ureters and kindly may be attacked. Certain extra genital parts, such as the mouth, rectum, nares, umbilicus and eyes, are frequently the seat of gonococcic inflammation. Infection of the female genito-urinary tract is very common. Whether lower pudendal portions are involved there is less danger, but extension of the process to the uterus and parts above constitute menaces to health and life. The question as to whether an inhibitory serum may be produced to kill or jugulate the virulent microbe is yet unsettled. In the vast majority of all cases of gonorrhea the gonococcus is at first the absolute casual agent. The few cases in which a condition resembling gonococcic urethritis is produced by other microbes constitute but a drop in the bucket. While the gonococcus may become latent and may hibernate in tissues, cysts and follicles, it may at any time become potential. It also may lead to mixed infection and prepare the soil of other microbes which may run a severe course. The gonococcus thus shows itself capable of producing the most far reaching infection to which the human race is liable.

Contracted Pelvis as a Cause of Dystocia.—(John Asborn Polak, N. Y. and Phila. Med. Jour., Feb. 8, 1908).—All dystociae are due to some defect in the powers, the passenger or the passages, yet actual contraction of the pelvis showing from one-half to one inch deficiency in the anterior posterior diameter occurs in about 6 per cent of American born women and a relative contraction is present in a large percentage. The build of the woman, the history of her previous labors, the high position of a tumor, some degree of pendulous abdomen, the malposition of the fetus and the non-engagement of the presenting part, all point to a disproportion between the passages and the passenger, and should suggest to the attendant the necessity of careful investigation.

He says the ability to recognize deformities of the female pelvis by pelvimetry is as necessary an accomplishment for the accoucheur as percussion and auscultation is to the internist. The author emphasizes certain points in pelvimetry and cephalometry and says that after determining the size of the pelvis, its relative capacity must be estimated by noting the size, compressibility and malleability of the foetal head. In primiparae when there is a normal relation between the head and the pelvis, the presenting part descends into and engages in the pelvic cavity during the last week or two of pregnancy, hence when the head is not engaged in a primipara in the beginning of labor something is wrong. This rule has no exceptions. Any of the following causes will prevent the head from being found engaged: a contracted pelvis, a large head, a small child, excessive liquor amnii, malpositions of the fetus, multiple pregnancy fetus, multiple pregnancy and placenta praevia. Stone's method of estimating the biparietal diameter

of the fetal head before labor is of great practical value. When labor has begun or is in progress, and the head remains unengaged, with the occiput to the posterior in semiflexion, or in some degree of extension, which is always an evidence of dystocia, the attendant may gain an excellent and accurate idea of the relative size of the child's head and pelvis by adopting a modification of Mueller's method. When contraction of the pelvis is recognized before labor, the pregnancy may be interrupted before the fetus has attained its full size by the induction of premature labor. Every case of labor in a contracted pelvis presents such distinct indication, that it is difficult to formulate inflexible rules for its management. The author practices the following rule: If the conjugata vera measures as low as 9 cm., it is a safe plan to induce labor at the 36th week. Even in a pelvis of 8.5 cm. he practices induction at the 36th week and considers it the operation of choice. If, however, the conjugate measures 7.5 cm. or less, premature labor four weeks before term cannot be expected to assure spontaneous delivery, and the viability of the child is less as we get further from term. Cesarean section offers the greatest advantages, done at shortly before term, is an elective operation. Nature and forceps should give place to podalic verison, when the conjugate is not below 8.5 cm. If in the judgment of the operator the danger to the child is too great by version, either because of the large size of the head, or because of a pelvis below 5 c.m., hebotomy or Caesarean section is employed. Embryotomy should never be attempted in pelves below 7.25 and is safer as the anterior posterior diameter is larger.

Final Results of Conservative Surgery of the Tubes and Ovaries.—(Abram Brothers, B. S., M. D., Jour. A. M. A., Feb. 22, 1908).—Its a common occurrence to see a report of a series of successful operations and the surgeon therein usually expresses a feeling of satisfaction with the results of his work. Brothers describes his personal experience with conservative surgery of the tubes and ovaries, and states that out of 160 cases he has had but one death. The ovary presents a large field for conservative work when it is the seat of cystic disease. Ovaries which have undergone fibroid degeneration are seldom amenable to conservative surgery. Ovaries in juxtaposition with pus tubes or purulent pelvic collections can safely be left undisturbed, or may be subjected to partial exsection. The desirability of applying conservative surgery to pus tubes is an open question in his mind. He favors total and complete ablation of pus tubes down to the horn of the uterus. Experience with secondary operations for infected stumps has driven him to this position. He describes plastic work on the tubes, and says that if properly done, gives the patient a chance for overcoming an otherwise hopeless barrier to impregnation. Exsection of portions of the tubes for the purpose of inducing sterility is not, properly speaking, to be regarded as conservative surgery. A segment of each tube is caught between two ligatures and exsected. It has rarely happened after this was done that a new connection formed to permit of the union of an ovum with a spermatozoon—never in his own cases. The management of pelvic adhesions is often very unsatisfactory. Under early post operative mobilization he believes that reformation of such adhesions is prevented. Under most conditions they can be easily separated, in certain cases, however, there is considerable risk of injuring the intestines, tubes for ovaries while digging the adnexa or uterus out of dense adhesions. Where the ovaries or tubes run the risk of great damage during delivery it is wiser to proceed with their complete extirpation since his experience leads him to believe that the retention of such mutilated adnexa only, too often threaten the ultimate comfort and health of the patient and leads to secondary operations for their final removal. Conservative surgery of the adnexa, he says, has for its main object: 1. The removal of diseased tissue; 2, the relief of various forms of disturbance and suffering; 3, the preservation of menstrual function; 4, the possible overcoming of pathologic conditions which are responsible for sterility; 5, the avoidance of the collapse symptoms resulting from the onset of the menopause; 6, the prevention of senile atrophy and changes which take place about the vulva and vagina and shorten the enjoyment of sexual life in many cases. For the purpose of better study he divides his work into three groups: Group 1, in which one tube or portion of one tube was removed; and also incision and drainage of a tube. Group 2, in which ovaries were bisected or punctured and cysts exsected; also incision and drainage of an ovary Group 3, in which adhesions were broken up with or without plastic conservative surgery of the tubes or ovaries. In group 1, the noted unsatisfactory results in two cases. One of these patients a year later was suffering from pelvic inflammatory mass which could be distinctly felt. In the other case the patient required secondary laparotomy for removal of an infected stump left after the first operation.

In group 2, six patients had good reasons to complain of post operative suffering. A distinct mass was present in one case and

secondary operation was required in another. In Group 3, seven cases resulted unsatisfactorily. In three cases pelvic inflammatory masses were present. Four patients required secondary operations. He infers that the maximum necessity for secondary operations after conservative adnexal surgery does not exceed 7 per cent. The post operative morbidity after conservative surgery of the adnexa is not over 235 per cent. Post operative menstrual disturbances were noted fourteen times in sixty-six cases. The author asks, "Is conservative surgery of the adnexa only a passing craze or fashion to be wiped out of existence by newer medical or surgical methods? Is it open to better technique and improvement Or is it to drop out of sight as an experiment which has not stood the test of time only to yield to its older rival the complete removal of diseased adnexa? He thinks not, but thinks that conservative surgery of the adnexa has come to stay.

MEDICAL MISCELLANY

DENGUE was discussed at the last meeting of the Galvestion Medical Association, and the conclusion drawn that contagion is carried by the mosquito in precisely the same way as yellow fever. All agreed on this and a resolution, requesting the county commissioners to make an appropriation for the extermination of the mosquitoes, was adoted.

A DEPARTMENT OF PUBLIC HEALTH IN CANADA.—Dr. Judson B. Black, member of Parliament for Hants, Nova Scotia, has proposed a resolution in the Canadian House of Commons asking the government to establish a Department of Public Health, whereby all matters relating to public health will be under one responsible head, instead of being scattered through several departments, as is the case at present. All the medical men in the house spoke strongly in favor of the resolution.

RESULTS FROM FREE ANTITOXIN.—According to a report issued by the Pennsylvania State Department of Health 4,693 cases of diphtheria among the poor were treated during the year 1907 with free antitoxin with 371 deaths, a percentage of 7.9 as against a percentage of 11.13 in the year 1906. It is estimated that this represents a saving of 1,506 lives. In addition immunizing doses of antitoxin were administered to 3,015 persons of whom only 34 contracted diphtheria, and of these only 2 died. These results have been accomplished through the establishment of numerous distributing centers in convenient parts of the State, from which antitoxin can be obtained without expense by families certified by attending physicians as too poor to pay.

THE SPREAD OF THE COCAINE HABIT IN INDIA.—The government authorities in India are making strenuous efforts to control the distribution of cocaine in that country. The native inhabitants have taken to the alkaloid in the same measure as have the negroes of our country, and its use has produced terrible ravages among the population of the great British dependency. The general public appear to give little assistance to the Government's attempt to check the evil, and the wholesale druggists are being called upon to co-operate in keeping the substance out of the hands of all who are not specifically authorized to sell it. Bengal was the first of the Indian provinces to adopt regulations respecting the importation and sale of cocaine; this was in 1902. Bombay followed in 1903, then came Madras, and, finally, in 1906, the legislature gave its sanction to a measure which enabled the Punjab to issue rules and regulations. The government controls the cocaine trade in India at present and prohibits the sending of the drug through the mails; officers of the postal service are authorized to search parcels suspected of containing the drug, and to see that it is confiscated. The government also restricts the importation of cocaine through other channels, and only those persons who have been specially authorized by the authorities of one of the provinces are permitted to receive it. A duly qualified physician or dentist may dispense cocaine or its substitutes in his own prescriptions without a special license, but if he sells them he must take out a license authorizing him to do so. The licenses cost nothing, but they are, of course, given to pharmacists and medical practitioners only. The sales of cocaine must be registered and the drug may be sold only to other qualified dealers, to physicians and to dentists, but to no other persons except upon a prescription of a qualified medical practitioner. The original prescription, or a copy of it, must be retained by the dispenser, with a note on it as to every sale made according to it, and the prescription cannot be refilled except on the order of a qualified physician.

As regards proprietary medicine containing cocaine, or its substitutes, these can be sold by none but licensed persons, and then only if the articles show on the label what quantities of cocaine, eucaine, novacocaine, etc., they contain. All these precautions, however, have been of little avail in keeping the

drug out of the hands of those into whose possession the government is desirous it should not fall.—National Druggist.

NARCOTICS.—Investigations in France go to show that the mortality among the children of women working in tobacco is considerably more than double that of children of other working women. Of 1,000 cases of morphine habit the medical profession supplies 40 per cent. Morphinomania occurs most commonly between twenty-five and forty. The cocaine slave is far more depraved that the alcoholic. He has no moral sense. He will lie for the mere pleasure of lying, and will steal without purpose. Patients should never know that they are taking cocaine. It should not be prescribed for asthma, hay fever, etc., conditions in which it is, at best, merely palliative. There are many concoctions sold in France which are found to be highly concentrated solutions of chloral. Bromides used for their sedative effects upon inebriates should be accompanied by a hot bath and a saline. Stop bromides with fall of temperature and feeble heart.—Health.

DISCUSSION ON THE SANITARY ASPECT OF MILK.—The New York Milk Committee has made arrangements for series of five meetings to be held in Assembly Hall, 105 East Twenty-second street, New York, for the purpose of discussing the various questions connected with the milk supply. Among those who have been invited to participate in the discussions are representatives of the Department of Health, milk dealers, representatives of railroads bringing milk to New York, the editors of the New York daily newspapers and of agricultural papers published in New York State, representatives of the State Department of Agriculture, physicians, bacteriologists, and other individuals interested in the sanitary aspect of milk. The meetings will be conducted as private conferences and no reporting will be permitted. The general subjects for discussion at these meetings are as follows: Saturday afternoon, April 4th, at 2:30 o'clock, The Need for improving New York's Milk Supply; Saturday afternoon, April 18th, at 2:30 o'clock, Methods for Improving the Milk Supply; Saturday afternoon, April 25th, at 2:30 o'clock, Pasteurized Milk and Saturday evening, April 25th, at 8 o'clock, Certified Milk and Other Clean Raw Milks.

TUBERCULOSIS IN IRELAND.—Byers assigns the following cause for the great prevalence of tuberculosis in Ireland: The damp climate. This of relatively slight importance. Dampness of soil. While subsoil may be of some importance, yet other conditions are of much greater potency. Emigration is supposed to have left behind a physically inferior population a race of weaklings, all very susceptible to phthisis. The susceptibility of the Irish to tuberculosis. This is denied by the writer. Poverty and low social condition. Food and drink. There is reason for believing that the increased use of tea and white bread instead of porridge and buttermilk, and the excessive use of alcohol, have lowered the resistance of the people to tuberculosis. Manufacturing industries. The influence of these, as exposing to dust, etc., has been overstated. Want of sanitary reform. The domestic or home treatment of advanced cases of pulmonary tuberculosis. This the writer regards as the most potent cause which has prevented a lowering of the tuberculosis death rate in Ireland. With isolation of these advanced or "open" cases in any country the death rate falls. The measures advocated by the writer are as follows: (a) Compulsory notification. (b) Institutional treatment of advanced cases. (c) Education as to cleanliness, sanitation, and ventilation. (d) Temperance in all th ngs. (e) Inspection of all meat. (f) State control of the milk supply.—Lancet, Jan. 5, 1908.

CHILDLESS WOMEN SHOULD ADOPT A LITTLE ONE.—Children keep one from becoming selfish. The woman who has no children never knows the greater joy of devotion. The sympathies, instead of extending themselves, will narrrow more and more, and tend to concentrate themselves upon the merely pleasurable experiences and sensations which only lead souls about in their own labyrinthine domain. She may win personal distinction and high fame. She may surely deserve them, but she will be in danger of following the false way which begins and ends in self, says Julia Ward Howe in the May Delineator. If the fates deny her marriage, or leave it bare of offspring, let her win to her arms some motherless child, and study the lesson taught by the dear Christ when he placed a child before his disciples and bade them learn from him the great science of life. The beauty of childhood is not easily over-appreciated, the mobile countenance, the flexible muscles, the fair, smooth forehead, the unconscious grace of movement. What a lovely presence is this! It illuminates your whole house, be it a hovel or a palace. The babe newly born, so fine, so soft, so tender! By degrees, it enters into possession of its bodily powers. Soon he follows her about, walks beside her, begins to question her regarding the meaning of all that he sees. He learns to pray at her knee. He goes to school. All the way from infancy

to adolescence is strewn with flowers. It has no doubt an offset of anxieties and cares, but would any of us dream of giving up the rose because of its thorns?

Dr. S. A. Knopf's prize essay on "Tuberculosis a Disease of the Masses and How to Combat It," is to be translated into Chinese. It has already been translated into twenty-one languages.

Arkansas Medical Society.—The annual meeting of this society will be held in Little Rock, Ark., on May 13th, 14th and 15th. The chairman and secretary of the Section in the Practice of Medicine are preparing a programme which promises to be one of especial interest, and every effort is being made to make the meeting a success in every way.

Sudden Deaths from unknown causes is usually associated with heart disease in the opinion of the public at large. Statistics collected by Dr. Wescot, for many years coroner of London, indicate mathematical justification of such conclusions. He found that 60 per cent of sudden deaths were due to heart disease. Of the remainder, 30 per cent were caused by brain trouble, and 10 per cent from diseases of the lungs.

COMING MEDICAL MEETINGS.

National Meetings

American Medical Association, Chicago, June 2-5, 1908.
American Association of Medical Examiners, Chicago, June 1-2, 1908.
American Gastro-Enterological Association, Chicago, June 1-2, 1908.
American Urological Association, Chicago, June 1, 1908.
Association of American Teachers of the Diseases of Children, Chicago, June 1.
International Congess on Tuberculosis, Washington, D. C., September 21 to October 12.
Mississippi Valley Medical Association, Louisville, Ky., October 13-15, 1908.
Medical Society of the Missouri Valley, Council Bluffs, Iowa, Sept. 3-4, 1908.
Medical Association of the Southwest, Kansas City, Mo., October 20-21, 1908.
National Association for Study and Prevention of Tuberculosis, Chicago, June 6-6.

State Meetings

Arkansas, Little Rock, May 13-15, 1908.
Colorado, Denver, October, 1908.
Idaho, Boise, October 8-9, 1908.
Illinois, Peoria, May 19-21, 1908.
Indiana, French Lick, June 18-19.
Iowa, Des Moines, May 20-22.
Kansas, Iola. May 5-7.
Kentucky, Winchester, October.
Michigan, Manistee, June.
Minnesota, St. Paul, October.
Missouri, Springfield, May 19-21.
Montana, Butte, May 13-14.
Nebraska, Lincoln, May 19-21.
Nevada, Goldfield, October 6-7.
New Mexico, Albuquerque,
North Dakota, Grand Forks, May 20-21.
Ohio, Columbus
Oklahoma, Sulphur, May 14-16.
Oregon, Portland, July.
Texas, Corpus Christi, May 12.
Utah, Salt Lake. May 12-13.
Washington, Walla Walla, September 2-4.
Wisconsin, Milwaukee.
Wyoming, Sheridan.

FAVORITE PRESCRIPTIONS

Injection Treatment of Hemorrhoids.—Wash antiseptically and apply iodoform ointment. Then inject a full hypodemic syinge of

℞ Zinci chlorid..... gr. x
Cocain. muriat..... gr. iv
Aq. destill.....ad ℥iv

Alcoholic Insomnia.—

℞ Ext. jamaica ginger.....
Spts. ammon. arom.....
Tinct. valerian.....aa ℥ij
Potass. brom..... ℥iss
Aqua.....ad ℥viij

A Mouth Wash.—

Sodium bicarbonate.....	3.75 grams.
Borax.....	3.75 grams.
Zinc chloride.....	0.36 grams.
Thymol.....	0.06 grams.
Menthol	0.06 grams.
Glycerine	15.00 grams.
Alcohol.....	7.50 grams.

—Pharmazeutische Zentralhalle.

To Remove Warts.—The Pharmazeutische Zentralhalle gives the following:

Chloral hydrate.....	1.0 gram.
Salicylic acid.....	4.0 grams.
Acetic acid.....	1.0 gram.
Ether.....	4.0 grams.
Collodium.....	15.0 grams.

The application of this solution during one month usually suffices to remove the most obstinate growths.

A Formula for the Treatment of Morphine Addiction.—A medical correspondent states that he has found the following combination of the greatest service:

℞ Morphine Sulphatis, q. s.
Strychninae Sulphatis, gr. 1-40.
Ergone (P. D. & Co.), m. x.
Acidi Hydrochlorici dil., m. ij.
Syrupi, mxv.
Aquae Cinnamomi, q. s. ad. ℥j.

The dose of one fluidrachm is repeated three times daily. The quantity of morphine is gradually reduced from ¼ grain, the initial dose in most cases, the ergone sustaining the blood pressure and controlling the serious diarrhea which is usually so troublesome on withdrawing the drug. When the morpine has been entirely eliminated a course of tonic treatment is instituted. Ergone is particularly useful in cases in which cocaine and morphine are taken.

For Soft Corns.—The Medical Summary for January says: The bane of many a life is soft, tender, and perspiring feet. This is a condition that results very often in what are

tremed "soft corns." The epidermic cells, unlike in the case of "hard corns," instead of becoming hardened as successive layers accumulate, are softened by the moisture constantly present in the spaces between the toes, and with the constant pressure and constriction of the shoe the hypertrophied integument becomes exceedingly painful to those thus afflicted whose occupation requires them to remain on their feet for a long period of time. Many remedies are advised to rectify this condition, but there is none that equals ichthyol (said to be ammonium sulphoichthyolate to meet every condition that presents itself, under the circumstances the treatment requires. A 25 per cent aqueous solution is about the proper strength to use. When used in full strength it may prove an irritant to a highly sensitive surface, and the definite strength to use must be left to the nature of the case. Under the use of ichthyol the "soft corn" will become of firmer consistence, the pain and inflammation of the contiguous parts will be relieved.

TUBERCULOUS CYSTITIS.—Tuberculous cystitis requires prompt treatment on account of its gravity. Medical treatment should be first tried and addressed to the tuberculous diathesis—country air, rest, cod-liver oil, creosote, cacodylate of soda:

Creosote	1 drop
Iodoform	1-6d gr.
Arseniate of soda	1-50th gr.
Ext. of opium	1-5thgr.

For one pill. Three daily.

As local treatment, instillations of iodoform, 5 per cent; guaiacol, 1—20; corrosive sublimate, 1—5,000 to 1—1,000; which Guyon considers the best treatment of tuberculous cystitis. Nitrate of sliver should not be employed in the first stage of the disease, as it might provoke congestion of mucous membrane, and even hematuria. But in the second stage, or that of secondary infection, instillation of a solution of nitrate of silver gives, according to Le Fur, excellent results. Irrigation of the bladder is always counter-indicated on account of the extreme sensitiveness of the mucous membrane. When the general and local treatment fail, recourse might be had to surgical treatment. The bladder will be incised in the supra-pubic region, and the granulations removed by the curette and the superficial ulcerations cauterized with the thermo-cautery. In cases where the tuberculous ulcerations are consecutive to tuberculosis of a kidney, the removal of this organ completely cured the vesical disease, proving the intimate relation between renal and vesical tuberculosis.—Medical Press and Circular.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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CLINICAL THERAPEUTICS

A forum of original experience, to which scientific contributions are invited. Responsibility for views promulgated limited to author.

The Treatment of Malaria.—Dr. L. H. Warner (Medical Herald, March, 1908, p. 123) calls attention to a series of cases of malaria treated with pamala liqua, in the New York Cross Hospital, by Dr. Victor Frederickson, in which the results were most gratifying. He also recites a series of experiments in his own laboratory with a view to determining the clinical value of the remedy. He says: The results demonstrated to me, 1st. Infusum pamalae liquae anisatum will increase the number of red cells, hence alleviate the anemia present in all malarial cases. 2d. It will increase the number of white cells, hence increase the number of pha-

gocytic cells so much desired in all toxic conditions. 3d. It produces physiological energy. Fully satisfied that the infusum pamalae liquae anisatum deserved clinical tests, I selected a number of cases upon which I could study its physiological action, prepared for frequent blood examinations, the taking of sphygmographs, temperature records, etc. In three cases herewith recorded the infusum pamalae liquae anisatum was given internally, while in the fourth case, viz., Case 103, I resorted to hypodermic injection of the medication, having same previously sterilized. Case 139. N. H., male, age 29, disease malaria tertiana. Complains of general malaise and severe pains in head and limbs. Chills. Temperature 102. Has been suffering off and on for some years and has taken quinine in large doses to such an extent that idiosyncratic symptoms appeared. Even the smallest doses cannot be taken now. Examination of blood shows: Hemoglobin, 63%; red cells, 3,000,000; white cells, 6,400. Parasite of malaria tertiana. Patient is ordered to take infusum pamala liquae anisatum four hours before expected paroxysm and to report for blood examination four hours after using medication. The examination showed marked improvement, an absence of malarial parasite or spores. The patient never had recurrence of paroxysms after the first administration of infusum palmalae liquae anistum and the blood building properties of this remedy were thoroughly demonstrated to me when on the 21st day after beginning of treatment the blood examination gave the following result: Hemoglobin, 84%; red cells, 4,100,000; white cells, 7,000. No traces of parasite or spore.

Case 1398.—C. L., female, age 21, residing on Long Island. Appears very anemic, tongue coated, complains of chills and headache. Has taken quinine from childhood. Patient states that she knows whenever she is going to have a chill some hours before its advent by uneasy sensations in epigastric region and severe headache. Feels nauseated and very languid at beginning of chill. Temperature 101.2. Blood examination reveals: Hemoglobin, 42%; red cells, 2,270,000 white cells, 9,300. Quartan parasite. At this time patient states she feels approach of paroxysm, describing same as follows: "I feel chilled for about two hours, after which I seem to burn up with heat, become very nervous and frightened." Patient is given infusum pamalae liqua anisatum and ordered to repeated it whenever appoach of chill is predicted. Daily blood examinations show marked improvements. On the fourth day after first use of medication but slight febrile disturbances were noted, although the blood showed no parasites or spores.

Case 100.—B., age 31 male. Malaria tertiana. Complains of general malaise, chills and fever. Temperature 102. Pulse small and hard. Spleen enlarged. Bowels inactive. Blood examination shows hemoglobin, 5%; red cells, 2,900,000; white cells, 6,900. Is ordered to take infusum pamalae liquae anisatum about time of occurrence of paroxysm and report for regular blood examinations, to continue use of remedy for six consecutive third days about the time of anticipated chill. As in the previous cases no chills recurred after first use of remedy, whose blood building power exhibited itself in final blood examination: Hemoglobin, 61%; red cells, 3,900,000; white cells, 7,100. Although feeling well I advised patient to continue use of remedy for some weeks as previously used, viz., every third day.

Case 103.—G. W. H., age 42, native of Louisiana. Contracted malaria some years ago; aside from constant use of quinine has used various chill cures. States that he feels languid and exhausted, has lost interest in business affairs; complains of stomach disorders, bowel troubles, headache, etc. Blood examination reveals: Hemoglobin, 54%; red cells, 3,000,000; white cells, 9,700. (Aestivo-autumnal parasite.) I selected this case on which to use the infusum pamalae liquae anisatum hypodermically. After sterilizing the product and syringe I awaited my time until blood examination showed first signs of the appearance of young parasites. I now injected the remedy in upper forearm and awaited results. Two hours after no trace of parasite was observed in the blood despite the fact that I studied same under hot stage for several hours. I repeated the injection on the second day. I noticed that previous record showed a temperature curve running between 102 deg. and 99 3 deg., the high point being reached every third day. This had been observed by the patient for months, he having become accustomed to take records three times daily. After the first hypodermic administration of infusum pamalae liquae anisatum the temperature never exceeded 99.3 deg. I must state here that although the blood examination showed no further signs of parasite, there was but a slight increase in hemoglobin and red cells following the hypodermic administration of this remedy. I advised its internal use every second day and two weeks after its use in this manner found an increase as follows: Hemoglobin, 71%, red cells, 4,200,000; white cells, 7,200. These cases proved to me the value of infusum pamalae liquae anisatum as a specific in malaria.

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MEDICAL MISCELLANY

Free ammonia in the urine of a diabetic is a bad prognostic sign and its presence is a contraindication to operation in diabetic gangrene, for it shows the presence of beta-oxybutyric acid in the blood.—Amer. Jour. of Surg.

The Necessity for Hematics after Miscarriages.—The more one studies the pathological conditions which follow premature expulsion of a fetus, the more evident it becomes that changes and complications which result from such an unnatural termination of a natural process, are little appreciated. There can be little wonder, therefore, that abortions and miscarriages often give rise to countless female ills, and frequently lead to lives of more or less chronic invalidism. Take, for instance, the average case. The whole female organism, as soon as conception takes place, makes preparations to meet the growing demands of the impregnate ovum. The vital processes of both nutrition and elimination are more heavily taxed, and this, of course, means greater activity on the part of the nervous and circulatory systems. Under normal conditions, however, since the female organism is especially designed for the one great purpose, maternity, there is only a modification or increase of function throughout the body. Thus in every sense, in spite of its many complex details, normal pregnancy is purely physiological. But if for any reason pregnancy is abruptly terminated before the time at which it would normally end the condition becomes distinctly pathological. Delicate structures, especially those of the generative organs, are suddenly arrested while in a stage of active development, and a retrograde process has to be prematurely established. There naturally follows a marked depression of the whole nervous sysem, because of its unprepared state for meeting an event unexpected and unnatural. More important than all, however, is the fact that certain growing tissues that would separate normally at the end of pregnancy, in early stages are so closely attached to the uterine wall, that premature delivery always means tearing them away, leaving ragged, lacerated surfaces and an inevitable retention of tissue that because it has no further purpose must either be thrown off or absorbed by the organism. The extreme liability to infection at this time is well-known, and is directly due to the predisposition which attends this invariable presence of dead or dying tissues. From the foregoing, it must be apparent, that the effect of every miscarriage is depressing in character. Every organ cannot fail to feel the pernicious imprint, and there is a logical falling off of every vital process. Because of the formation and absorption of ptomaines and toxins of varying degrees of virulence, there is always more or less vitiation of the blood and disintegration of its corpuscular elements. While the hemolysis may not be extreme, it is generally sufficiently marked to leave no doubt that it is a prominent factor in determining the duration of convalescence and the completeness of recovery. In regard to treatment it seems hardly necessary to speak of the importance of thorough antisepsis nor of he frequent necessity of removing decaying material. These things are well appreciated by physicians generally. But what should be emphasized is the great importance of vigorous reconstructive treatment after miscarriages, in order to hasten the restoration of normal conditions, with all that this may mean on a woman's whole future health. Clinical experience has shown that pepto-mangan (Gude) has an especial value in these cases, for it not only supplies the urgent needs of the blood, but directly promotes the elimination of ptomaines through the natural channels. The phagocytic process is stimulated, and as a supply of good active blood is produced, the uterus and related organs are vastly helped in their effort to return to normal conditions. Digestion and assimilation are aided and the general vitality reinforced to a marked degree. In a word, pepto-mangan (Gude) is an unsurpassed tonic wherever there is a lowering of blood quality, from no matter what cause, and the definite positive benefits which follow its administration leave no further recommendation necessary.

A Delightful Revelation

The value of senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of Californian figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of Californian Figs..... 75 parts
Aromatic Elixir of Senna (manufactured by our original method, known to the California Fig Syrup Co. only).... 25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

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Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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An Ideal Aperient and Stomachic.—Pil cascara comp. (Robins) is prescribed by hundreds of practitioners, with gratifying results. Many testimonials from prominent men are on file with the manufacturers. If you have not tried this pill, send for sample and you will be repaid for your trouble.

We desire to reassure our friends in the medical profession that cactina pillets contain only the therapeutic principles of cereus grandiflorus. No other species of cactus is employed in their manufacture, nor does any other medicinal ingredient enter their composition. SULTAN DRUG CO.

The Treatment of Uterovaginal Catarrh.—(By C. E. Brandenburg, M. D., New York City.)—Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leucorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions, and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand, but to no purpose. I was making preparations for an operation, which would have meant the removal of the uterus, when my attention was drawn to glyco-thymoline and I determined to give it a thorough trial before operative measures were to be further introduced. An intrauterine douche of glyco thymoline in 25 per cent hot solution was administered and lamb's wool tampons saturated with glyco-thymoline pure was used. She began to improve from the first application. The leucorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine weeks' treatment with glyco-thymoline.

Carabana Water.—(An opinion by Dr. Victor Audhoui, attending physician to the Hotel Dieu Hospital, Paris, and the Vichy Thermal establishment).—The Carabana Natural Mineral Purgative Water is cold when it issues from the spring in Spain. According to the analyses of the academies of medicine of Paris and of Madrid it contains per liter: Sulfate of sodium 100 grms111., sulfate of Magnesium 3 grms711, chloride of Calcium 1grm967, chloride of magnesium 0grm 4774, chloride of sodium 1grm6, sulfite of sodium 0grm 0499, phosphate of sodium etc. A most striking feature of this water is the large amount of sodium sulpfate it contains, 100 grams per litre, a quantity which is equalled by no other similar mineral water. This accounts for the rapid success it has achieved as a purgative water. It is also remarkable for the combined presence of sodium sulfite, calcium chloride and sodium phosphate, which endows it with special therapeutic properties not to be found in other mineral purgative waters. On account of the combination of Sodium Sulfate and Sodium Sulfite it contains, Carabana Water has, independent of its purgative action, a decidedly beneficial effect on skin diseases. For this same reason Carabana may be associated with muriated and sulphureted waters in the treatment of the various manifestations of lymphatism and scrofula, both in children and in adults, and also in cases of congestion of the abdominal organs and analogous conditions, characterized by anemia and caused by long sojourn in the tropics. Likewise it is the calcium chloride which gives to this otherwise inodorous water its not unpleasant flavor. The reputation of Carabana Water is such that it is prescribed universally by physicians, and used by laymen as a hygienic agent, mild, easily regulated and capable of relieving numerous ills due to inertia of the digestive organs and constipation. The salty taste of Carabana is acceptable to all and the water is mild in its effects, does not cause colic or gastric disturbance, and is tolerated even by the most delicate stomach. Owing to its high mineralization only a small dose is necessary to induce catharsis. A small wineglassful (about 2 oz. or four tablespoonfuls) taken in the morning on an empty stomach will cause one or two evacuations of the bowels. Carabana Water acts rapidly and no special dieting is required when taking it. As its effects are mild and lasting it may be used for a long time, in the latter case better results will be obtained if it is taken regularly in very small doses. Its regular use relieves inflammatory irritation of the mucous membranes of the stomach and intestines, and all disorders due to gastric catarrh, atony and dilatation of the stomach disappear. It gives excellent results in convalescence from grippe, typhoid fever, in albuminuria, and during pregnancy. Its twofold property of stimulating digestion and purging make it indispensable as a remedy for constipation during the "Vichy Water Cure," as it enhances the digestive action of the Vichy water. Neither transportation, age nor variations of temperature affect the quality of Carabana water.